PLEASE

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-6

	2.30	Friday .	7
	U	8751	11
Reg.	Diat.	No. 4	X
_			

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
CountyBaltimore			
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)	State Maryland County		
How long in above place of death?	City or town Baltimore (if outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
Vets. Adm. Hosp., Ft. Howard, Md.	Street No		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
WALTER G. ALLEN			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Mala Manda	20. DATE DE DEATHSeptember 27		
Male White Married			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	September 11 1946 10 Sept. 27 1946		
1. Birth date of	and that I last saw himalive on September 27th19.46		
deceased (mo., day, yr.) December 23, 1878 8 AGF - Years Months Qays It less than one day	Immediaic cause of death Embolus of left cerebral DURATION		
8 29	Artery 2 Wks.		
67 &hrsmin.			
9. BirthplaceElmira, New York (Town, county, and state)	Due to Mural Thrombus of left ventricle Unknown		
	Due to: Infarction of left ventricle		
1D. Usual occupationRetired	Due to Arteriosclerosis of left coronary		
11. Industry or business	artery anterior descending branch Unknown		
	Ditter conditions Arteriosclerotic aneurysm "		
	of abdominal aorta and Cerebral		
	atrophy, arteriosclerotic.		
置 14. Maiden name. Helen Lyon	Major findings of operations		
14. Maiden name. Helen Lyon 15. Birthplace New York	Date of op.		
Clinical December Make Adm Mace	Autopsy results. Substantiated above		
t6. Informant. Clinical Records, Vets. Adm. Hosp.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Ft. Howard, Maryland	22. VIOLENCE: If death was due to external causes, till in the tollowing:		
Burial Burial Date thereof Oct. 1, 1946 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Baltimore National C metery	Where did Injury occur?		
Baltimore, Md.	Injured at home, farm, Industry, public place (where?)		
	Means of injury Injured at work?		
18. Funeral director William Cook Inc	0 4		
Address 1217 St. Peul of Balto., Md.	Robert M. Cullison		
0 111 87.11	R. M. CULLISON, M.D. CLINICAE WER.		
19. — 30 19 4 6 Registrar Registrar	Address VA FT HOWARD, MD. Date signed 9-28-46		

PLEASE

A15 VS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OEKI II IOIII	Reg. Diat. No.
1. PLACE OF DEATH: Buftimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or street address where death occurred:	Street No. 14 Oak Location
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William W. Bal	23. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Seps. 2 2/46. 19. 01 9:00 Pm
6.(b) Name of husband of wife Cardelia L. Balls	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I tast saw h was allve on the 677 2 2 19 4 6
8. AGE: Years Months Days tf less than one dayhrsmin.	Impressive of death Sypholoco DURATION DURATION DURATION 20191
9. Birthplace Md (Town, county, pgd state) 10. Usuai occupation a pendov	Due to Thyraul, at Chempuster & Mull
11. industry or business Petirel	Due to
12. Name Sanabus Balls 13. Birthplace Galand	Other conditions
14. Malden name Sandrock 15. Birthplace Unknown	(Include pregnancy within 8 months of deuth) Major findings of operations.
·11- 0 ton 6 12 - 00,1	Date of op.
16. Informant	Autopsy results
Address / 4 Care northe 125/46.	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
(Burial, cremation, erremoval. Which?) (wonth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, tarm, industry, public place (where?) Means of Injury Injured at work?
Address 4 1 Camondson aw	Elist W. Johnson me
19. 9/23/46 19. Q.W. Medical Registrar	Address 432 Judes Q M. D. or other Bate signed 423 M.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 161-6



	115	172	- 17	
Rev.	Diat.	No.)2	8

1. PLACE OF DEATH: Quet	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborninfants give realdence of mother)
County	(For newborning sive residence of mother)
Otty or town Julkerville	State County . A Count
(If outside city or town limits, write RURAL and give nearest town)	City or town Luthervella
V Now long in Space hiere of nearly	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Bologna ane	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, came war.
3. (a) FULL NAME 00	3. (b) Social Security Number
Russe Baby Barger	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
made Colored	20. BATE DF DEATH SEPT 16 1946 21 1015 AM
	21. I CERUFY that death occurred on the date above stated; that Lettended deceased from
6.(b) Name of husband or wife 46	Lept 16 1946, Rept 16,1846
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. Leading on Ment 16 19 19
8. AGE: Years Months Bays If less than one day	Immediate cause of death
AGE: Million M	
hrsmin.	(whomby reference I him
Letheralle	
9. Birthplace	Due to.
10. Usual occupation	***************************************
10. USBAI OCCUPATION	Due to
11. Industry or business	
12. Name Skeodore Barger	Dither conditions
13. Birthplace	
	(Include pregnancy within 8 months of death)
14. Maiden name Jaomi Cox. 15. Birthplace Authorolle, md	Major findings of operations.
15. Birthplace Lutherville, ma	
M. Mani Margar	
16. Informant	Autopsy results
Address Bologna are Lutherville. ma	I I I I O I O I ANT : s lease underline the cause to which death should be charged statistically.
9-17-46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or respond. Which?)	Accident, suicide, or homicide
Klean + Roat	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Dallo Co	Injured at home, farm, lodustry, public place (where?)
18. Funeral director Mrs. Stev. H. Holland	Means of Injury Injured at work?
Address 1631 alma Will are Beet, and	16 = or 0 15
Audiess 1001 all man 1 may 1 man	23. SIGNATURE Jewell (Moco
19. 9/12 19/6 February	M. D. or other
19. (Daso rec'd by registrar) Registrar	Address Leuherfulle, Mc Date signed 9176146

2411 N. Charles St., Baltimore (3-6)

08754

	-	-
	-	0

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Mount Wilson (If outside city or town limits, write RURAL and give nearest town)	state Maryland County
(If outside city or town limits, write RURAL and give nearest town)	City or town Baltimore, City (If outside city or town limits, write RURAL and give nearest town)
How long in above place of dealh?	
Branch, Md. Tuberculosis Sanatorium	Street No. 3909 Ridgewood Avenue (If rural, give LOCATION)
How long in hospital or institution? 1 yr 4 mos., 0 days	2.(a) If veteran, name war
3.(a) FULL NAME Bernard Philip Bayline	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Divorced	20. DATE OF DEATH. September 14, 19.46. , at
6.(b) Name of husband or wite. Mildred Bayline	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ago/	May 14, 1945 to Sept. 14, 19 46
7. 6 irth date of deceased (mo., day, yr.) November 12, 1897	and that I last saw him.alive on September
8. AGE: Years Months Days If less than one day	Pulmonary Tuber culosis 8 Yrs.
48 10 2min.	
9. Birthplace Baltimore, Maryland (Town, coonty, and state)	Due to Tubercle Bacilli
1D. Usual occupation Salesman	Due to.
11. Industry or business	
12. Name Joseph M. Bayline 13. Birthplace Baltimore, Maryland	Diter conditions Tuberculous Larnygitis Unknown
14. Malden name Mary Kelly 15. Birthplace Baltimore, Maryland	(Inclode pregnancy within 3 months of death)
15. Birthplace Baltimore, Maryland	Major findings of operations. No operation
16. Informant Bernard Philip Bayline	Autopsy results.
Address 3909 Ridgewood Ave., Balto., Md.	PHYSICIAN: Please underline the canse to which death should be charged statistically.
17 Burial Date thereot Sept. 18, 194 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Holy Redeemer Cemetery	Where did injury occur?
Location 4430 Belair Road, Balto., Md.	Injured at home, 1arm, industry, public place (where?)
18. Funeral director Krause Funeral Home	Means of Injury Injured at work?
Address 1216 S. Charles St., Balto., Md.	23 SIGNATURE Stewart & Shaffer mis
19. 9/1//16 19 Carl, Mehale Registrar	Address Mount Wilson, Md. Date signed 9/14/46

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE



PLEASE '

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



0	8	7	5	5	4	/ -	
Reg.	Dia	t. I	No.				

1. PLACE OF DEATH: County Balto Co City or town Balto Highlands (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			State		
			City or town Balto Highlands (if outside city or town limits, write RURAL and give n		
	ce of death?		(if outside city or town limits, write RURAL and give n 29I6 OhoI Ave	earest town)	
Hospital, Institution,	or street address where o	geath occurred:	Street No.		
		••••••••••••••••••	(If rural, give LOCATION)		
	or Institution?		2.(a) It veteran, name war.		
3. (a) FULL NAM			3. (b) Social Securit	y Number	
	bert Bell		2/1-03	- 7360	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	-0	
Male	White	Married	20, DATE OF DEATH BOLDEN 19 19 19	2 7 M	
8 (b) Name of husban	d or with	trude Ellen Bell	2141 CERTIFY that death occurred on the date above stated; that Lattended de	ceased from	
				19 126	
7. Birth date of	TO		and that I last saw h	19VJa	
deceased (mo., day	, yr.) ±0/	1/1000 1	Immediate cause of death	DURATION	
8. AGE: Yea	rs Months	Days If less than one day	Hyperteneng C. U. U	2 year	
62	IO	25 7hrsmin	Grideming - Burelyhou	- I day	
9. Birthplace	Maryland (Town,	county and state)	Due to	- Fi	
		n			
	Cont 6		Oue to		
11. Industry or busine	299	Elec Co	_	****	
12. Name	John A Be.	L.L.	Other conditions	****	
13. Birthplace	Mary	land	(Include pregnancy within 3 months of death)		
HAL Maiden name	Ella Kic	h .			
TO		id	Major findings of operations	***************************************	
			Oate of op		
16. Informant		en Bell (Wife)	PHYSICIAN: Please underline the cause to which death should be charge	J statistically	
Address	2916 Ohio	Ave Balto Co Md		a Manutary.	
Bur	ial	Date thereot 9/5/46	22. VIOLENCE: It death was due to external causes, fill in the following;		
(Burial, crematic	on, or removal. Which?)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crema	tory Loud m	Park	Where did injury occur?	(State)	
Location	Fredrick	Rd	Injured at home, tarm, Industry, public place (where?)		
	E1 -	11 7 0	Msans of Injury Injured at work?		
1B. Funeral director.			ma. 1. 10. B		
Address	2359 Wash E	lvd Balto Md	23. SIGNATURE	o obsther	
10/0///	46 19		Mass Grande	CATALI VI	
(Date sec d by	- CERTIFIELY		Maniatterment	THE RESERVE AND PERSONS ASSESSED.	

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

Reg. Dist. No. X 3

1. PLACE OF DEATH: County			City or town Fuller (if outside city or Street No. 9009 Rid	ton town limits, write RURAL and give nearest Avenue rural, give LOCATION)	t town)	
How long in hospital or in	nstitution?			2.(a) If veteran, name war	one	*******
3. (a) FULL NAME	1	diranda E	sissell		3. (b) Social Security Num None	nber
Female	5. Color or race	6.(a)Single, married,	widowed, or divorced		CAL CERTIFICATION 18 46 18 46 18	900
6.(5) Name of husband or 7. Birth date of deceased (mo., day, yr.)	D 1		give age 69 Yrs.	21. I CERTIFY that death occurred on and that I last saw h	the date above stated: that I attended deceased	from 6 19 4 6 19 . 4 6
8. AGE: Years 69	Months 8	- 6	than one day ########### min.	Immediate cause of death	a of law it	BURATION 3 CM
9. Birthplace Baltimore Co. Md. (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business			Due to.	yed hutarta	4 3	
12. Name Stevenson Magness 13. Birthplace Harford Co.Md.			Other conditions	y within 8 months of death)		
14. Maiden name ? Wooden 15. Birthplace Harford Co., Md. 16. Informant George F. Bissell			***************************************	Date of op		
	9 Ridge				cause to which death should be charged stati	stically.
17 Burial (Burial, eremation, or removal. Which?) Cemetery or crematory. Date thereof. (month) (day) (year)				external causes, fill in the following; Date of		
Location 8020 Harford Rd. Balto.Co.Md.				ic place (where?)	*******************	
18. Funeral director		Ruth, Inc		Means of Injury	Injured at work? What is great to the second of the secon	14.0
19. Quetre d by registrar) 19. (Date registrar) 19. Registrar			Address Sloo Ha	M. D. or of	her //6/46	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

08757 P

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Ann Elizabeth	Blakely 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEMALE MINTE WISOWES B.(b) Name of husband or mile GARAMER Fluxer Blakely	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) January 31, 1893 8. AGE: Years Months Days If less than one day 15 min.	JAM 3 19 6 10 29 10 10 10 10 10 10 10 10 10 10 10 10 10
9. Birthpiace LOCA RANGEM, Dalto Co., M.d. 10. Usual occupation. Hall Soll fe	Bue to.
11. Industry or business 12. Name Salara Trainas Filian 13. Birthplace Mary/and	Other conditions Sund Communition 1/156873 1974
14. Maiden name Maky Agmes Himes 15. Birthplace Maky Agmes Himes	Major findings of operations Careum Joran - all manus. Date of op. Jan 2, 1846
Address & Jell Avm. Balto. Co. Md.	Antopsy results
17. Buriat, cremation, or removal, Which?) Date thereof Scht. 19 1946. (Buriat, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Commetery or crematory MT. Maryland Location Old Sold Maryland	Where did Injury occur?
18. Funeral director	Means of Injury Injured at work?
19. (Date rec'd by registrar) 19. Registrar	23. SIGNATURE D. N. / Graphy Address 501 50 Shuda a Date signed 34 / 2-4

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Streef No. 2 (If rural, give LOCATION) 2.(a) If veferan, name war
3. (a) FULL NAME Isabel Baldwin Boone	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Second State Second Seco	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. AGE: Years Months Bays If less than one day 9 7 2 12 hrs. min. 9. Birthplace (Town, county, ond state) 10. Usual occupation Attituded Activities	Immediato cause of death Carter Selvandilles Grant Due 10. Due 10. Due 10.
11. Industry or business 12. Name	Other conditions
Address 28/5 Hills est Gree . 17. Burial, eremation, or removal. Which?) Date thereof growth fday) (year)	Autopsy results
Cometery or crematory Joudson Bank Location Banksunge 18. Funeral director W. M. Garden	Where did injury occur?
19. 9/6 1946 A. M. Baron Registrar	23. SIGNATURE C. M. Baeou M. D. or other Address 2 8 10 Taylor asc. Date signed 9/14/46

SEP 17 1945
BUREAU

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08759

CERTIFICATE OF DEATH

Reg. Dist. No.

-8		
1	1. PLACE OF DEATH: DOUTENERS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
	County	and Dalla
	(If outside city or town limits, write RURAL and give nearest town)	State County County
	How long In above place of death?	City or town
1	Hospital, Institution, or street address where death occurred:	street Na Phila and + Palter and.
		(If rural, give LOCATION)
	How tong in hospital or tastitution?	2.(a) If veteran, name war
	3.(a) FULL NAME Electron a, Bo	3. (b) Social Security Number
1	4. Sex 5. Color or rage 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	semale White married	20 015 07 046 A.
	In a Bout.	20. DATE DF DEATH. 19.70 at
1	6.(b) Name of husband or wife.	21. I CELTIFY that death occurred on the date above stated that tatteded deceased from
1	TOMUL	and that Hast saw h alive on 19
	deceased (mo., day, yr.) (use 7, 1911	
1	8. AGE: Years Months Days If less than one day	Introduction DURATION
ı	35 3 10hrsmin-	real durant
	9. Birthplace Baltinure	Busto
	(Town, county, and state)	Bue to
	1D. Usuai occupation	Que to.
	11. industry or business	7 11 4 8-1
	12. Name Sthut F. Huller 13. Birthplace Fork	Other conditions Carang Manufacture Process
1	\$ 13. Birthplace Telev York	
	14. Maiden name Catherine Stein	(Include pregnancy within 8 months of death)
	14. Maiden name Gutherine Steins 15. Birthpiace Ser.	Major findings ol operations
-	OM O O O O	
-	18. Informant July July Comment	Autopsy results
-	Address Chila, Old. + Kalter Wel	
1	17 Burial Date thereof 9 20 46	22. VIOLENCE: If death was due to external causes, flit in the following;
	(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
	Cemetery or crematory	Where did injury occur?
	Location SQ altimul	Injured at home, farm, Industry, public place (where?)
	18. Funeral director Philip Herring Sons	Means of injury injured at work?
	Address 2024 (Oslognia St.	100 0 11
-	Auciess Colored World Colored	23. SIGNATURE CON S. C. Consty
-	19. ((Vate rec'd by registrar)	2939 ma Delember 1941/4
ĸ	(Pate rec d by registrar) Registrar	Address Bate signed

2939 Mc Elderryst

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

08760

	Neg. Diate No. manners and a second s
1. PLACE OF DEATH: COUNTY Safting E	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	Cily or town (If outside city or town limits, write RURAL and give nearest town)
How long in hospital or Institution?	(If rural, give LOCATION)
	2.(a) It veleran, name war
3.(a) FULL NAME Succeed Tt. Booley.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH Sept 14 19.446 at 7:457 M
6.(b) Name of the land or wife Muy a Bosley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of deceased (mo., day, yr.) Much 4 - 86 7 8 AGF: Years Months Days It less than one day	and that I last saw h
8. AGE: Years Months Days If less than one day	Ecronary Occlusion 20 mm
9. Birihptace	Due to
11. Industry or business	Due to
12. Name Culkiocon 13. Birthplace Ucknown	Other conditions
14. Maiden name Uniteration 15. Birthplace Welkeown	(Include pregnancy within 3 months of death) Major findings of operations.
2 15. Rithplace - Weekeever.	
16. Interment Diston Bosley	Autopsy results
Address Glywolon Mad	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing:
17 (Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Substitute	Where did Injury Occur?
18. Funeral director () Wiston	Maens of Injury Work? Injured at work?
Address Hamplestead Mid	23. SIGNATURE D. D. Caples, M.D.
19. Date red by registrar) (Date red by registrar)	Address Reisterstown, Pad. Date signed Sept 1546

SEP 18 1946
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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 124-6

CERTIFICATE OF DEATH

08761 4X Reg. Dist. No.

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County		*******************				
City or town	Fort Ho	ward	RURAL and give nearest town)	State Maryland Couety		
(If	outside city or town	limits, write I	UKAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give n		
How long in above plac Hospital, institution, o	e of death?	death occurre	7.47d:	1905 Cecil Avenue	earest town)	
Vets. Ad	m. Hosp. F	ort Ho	ward, Maryland	Street No. (If rural, give LOCATION)		
How long in hospital o				2.(a) If veteran, name war. WW -2		
3. (a) FULL NAM			***************************************	A.C. In receipt, name was	N/ -1	
S. (a) PULL NAM		E TOTO A TO	T) 37	3. (b) Social Securit	y (tumber	
4. Sex	CHARLES &		e, married, widowed, or divorced	AND ICAL CODE INCAMION		
				MEDICAL CERTIFICATION		
Male	White	Divo	rcea	20. DATE DF DEATH September 14 1946	12:29 A	
& (h) Name of husband	or wife			21. I CERTIFY that death occurred on the date above stated; that I attended de	ceased from	
			c) If alive, givo ageyears	September 13 19 46 to Septemb		
7. Birth date of	0 10 1		c) II alive, givo ageyears	and that I last saw him alive on September 14	19.46	
deceased (mo., day.	71.7	Days	If less than one day	Immediaio cause of death	DURATION	
8. AGE: Year					l Day	
46	11	25	hrs min.			
9. Birtholace	Emporium	, Pa,	state)	Due to Cirrhosis of liver	Unknown	
10. Usual occupation.	Mechar	11 C		Duo to	****	
1t. Industry or busine	58				****	
当 12. Name	James Bra	adley		Other conditions.	**** **********************************	
	Unknown					
04	15 (1	and .		(Include pregnancy within 3 months of death)		
王 14. Maiden name	may det inc	51101		Major findings of operations		
14. Maiden name	Pennsylva	ania		Date of op.		
16 Interment Cli	nical Reco	ords, V	ets.Adm. Hosp.,	Autopsy results. Same As Above		
4	t Howard,			PHYSICIAN: Please underline the cause to which death should be charge	d statistically.	
Address	C.		0 10 11	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 / 200	n, or removal. Which	Date the	(month) (day) (year)	Accident, suicide, or homicide		
		.,	(2000), (200)	Where did Injury occur?		
Cemetery or cremat	ory	.00.	10,			
Location	estery	uw	1021	Injured at home, farm, Industry, public place (where?)		
18. Funeral director.	Ydler to	uner	d'Ame Uni	Means of Injury Injured at work?		
111	OCLY MA	1610	and	Jor Robert M. Culler	M	
Address	TT	1	The state of the s	23. SIGNATURE R. M. CULLISON, M.D., CLIN	DIR.	
19. 7//6	16	X	CO/ Herrich	Try Posset Transport Md		
(Date rec'd by r	egistrar)	,	Registrat	Address VA POI C HOWAI C NICE Signe	d	

Wesleviel

Reg. Diat. No.

/			2411 N. Ch	arles St., Baltimore 107	
			CERTIFICA	ATE OF DEATH	
1. PLACE OF DEATH				2. USUAL RESIDENCE ((For newborn infants g	
County Baltimor				state Maryland	
City or town F.O.T. t	loward	imits, write R	URAL and give nearest town)		
How long in above place of d Rospital, institution, or stre	leath?70.	days	:	City or townBaltimo	
Vets. Adm.	Hospital	L. Ft.	Howard, Marylan	d.	
How long in hospital or ins	titution?			2.(a) If veteran, name war	
3. (a) FULL NAME		(Wells)			
		,			
4. Sex 5.	. Color or race	6.(a)Single	T.H.Y e, married, widowed, or divorced	M	
Male	White		Single	20. DATE OF DEATHSOD	
				21. I CERTIFY that death occurr	
6.(b) Name of husband or v				July 10	
7. Birth date of		6. (c	e) It alive, give agey	ears and that I last saw h.j.ma	
deceased (mo., day, yr.)	6/25	5/72		Immediate cause of death	
8. AGE: Years	Months	Days	It less than one day	Confluent lob	
74	2	23	hrs	min.	
9. BirthplaceBaJ	timore.	Maryla county and	nd	Due to	
11. industry or business				Oue to	
	hert H.	Rradle	y	Other conditionsArter	
	ltimore.				
e				brain & Hyper	
14. Maiden name.				Major findings of operations.	
S 15. Birthplace Ba	lltimore,	Maryl	and	Cb	
16. Informant Clinical Records, Vets Adm. Hosp. Antopsy results Delta Vets Physician: Please underline					
Address Fort	Howard,	Maryla	nd - / /	22. VIOLENCE: if death was	
17 Burial (Burial, cremation, or	Accident, suicide, or homicide.				
17Burial Date thereof (month) (day) (year) Cemetery or crematory Loudon Park 'Cem. Date thereof (month) (day) (year) Where did injury occur?					
Relto. Md.					
Location Balto., Md. injured at home, farm, indust					
18. Funeral director	m. J. Ti	ckner	& Sons	Means of Injury	
Address North & Penn. Aves, Balto., Md.					
0 0			feeter 4	23. SIGNATURE R. M.	
19. (Date fee'd by regist	rar)	******	Regis	A 734	

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County
City or townBaltimore (If outside city or town limita, write RURAL and give nearest town)
Street No 6012 York Road (11 rural, give LOCATION)
2.(a) If veteran, name war
3. (b) Social Security Number

ed	MEDICAL CERTIFICATION
	20. OATE OF DEATHSeptember 18 19.46
years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10
	Immediate cause of death
mln.	Confluent lobular pneumonia 2 Days
	Due to
************	Oue to
	Other conditionsArterioscleratic atrophy of Unknown- brain & Hypertrophy of prostate
	Major findings of operations
sp	Antopsy results. Substantiated above. PHYSICIAN: Please underline the cause to which death should be charged statistically.
46	22. VIOLENCE: if death was due to external causes, till in the following:
year)	Accident, suicide, or homicide
	Where did injury occur?
	injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
vd.	23. SIGNATURE R. M. CULLISON, M.D. CLIM. D. prother
Registrar	Address V. A. Et. Howard, Md. Date signed 9-19-16

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-0

	U	8	7	6	3		(
her.	Di	nt.	No		3	3	

Ounty	Datcline	re s Md		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
(If out	elde city or town l	imits, write R	ural and give nearest town) 2 mo. 8 days	City or town Cumberland (If outside city or town limits, write RURAL end give nearest town)			
lospital, institution, or st Rosewood	7		ng School rs 2 mo 8 day	Street No. 307 Franklin Street (If rural, give LOCATION)			
low long in hospital or in	nstitution?	<i>y</i> ca.					
			ia Brode	3. (b) Social Security N	lumber		
1. Sex	5. Color or race	6.(a)Singl	e. married, widowed, or divorced	MEDICAL CERTIFICATION			
Female	white		single	20 DATE OF DEATH September 5 19 46	1.11:55		
5.(b) Name of hueband or			r) If alive, give ageye:	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from 15 ovember 15 September 519.46			
7. Birth date of	Decer		, 1924	and that I last saw h.eralive on September 5			
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	It less than one day	Immediate cause of death	DURATION		
21	9	3	hrsm	Pulmonary Tuberculosis	22 mo		
			egany Co., Md	Due to			
10. Usual occupation	Inmate, Trainin	Rosev	ood State	Oue to			
E 12. Name Get	rald Bro	ode		Other conditions			
14. Maiden name	There	sa Sch vlvani	mitz .a	(Include pregnancy within 3 months of death) Major fiadings of operations. None	me		
16. toformant Ins	titution	nal re	cords; Rosewo	Antopsy results. None PHYSICIAN: Please underline the cause to which death should be charged a	statistically.		
Address Mill.	s, Mary.	land Date the	9/9/46 (month) (day) (year) & St. Paul's Ce	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide			
Cemetery or crematory		***************************************		(City or town) (County)	(State)		
Location				Injured at home, farm, Industry, public place (where?)	***************************************		
18. Funeral director	WM. J. 1	TICKN ER	& SONS	Meane of Injury Injured at work?			
Address	Balto.,			Jeorge C. medsery m	. D.		
9-5	16	Per	Hickund	Z3. SIGNATURE	rother		
19. (Date rec'd by regi	strar)	W	Registr	Address Owings Mills, Md. Date signed.	7/ 2/40		

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND	STATE	DEPARTMENT	OF	HEALT

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEA	irore		UKAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) State		
How long in above place of Hospital, Institution, or	of death?24da street address where i	lysleath occurred	:	Street No. 1065 Fairmount Ave.		
			d, Nd.	(If rural, give LOCATION) 2.(a) If veteran, name war	1	
3. (a) FULL NAME				3. (b) Social Security	Number	
FRED BRO	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
M	Colored	Marr	ried	20. DATE DF DEATH September 21 19 46	at 1:50 A M	
6.(b) Name of husband or wife. Iola Brown 6.(c) If alive, give age			c) If allve, give age	21. I CERTIFY that death occurred on the date above stated; that I atlended dece August 28	er21 18.46	
deceased (mo., day, yr 8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		
55	8	1	hrsmln.	cardiac_enlargement, myocardial		
			tate)	NOX insufficiency	24-days plus	
11. Industry or business		*****		Due to		
12. Name Geo				Other conditions		
	Violet De Cambridge			Major findings of operations		
16. Informant Vets. Adm. Clinical Records Address Fort Howard, Md.				Autopsy results	statistically.	
17. Burial (Burial, cremation,	Salla		eoj left 25, 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causee, fill in the following; Accident, suicide, or homicide	(State)	
18. Funeral director Address 3 2		ie R Sehr	Williams relev. St.	Injured at home, farm, industry, public place (where?) Means of injury Injured at work? A W Collection Coll	Γη.	
19. (Lifte rec'd by res	19	a	Registrar	Address.VAH Ft. Howard, Md. Date signed.		

45-3-116-775-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-04

CERTIFICATE OF DEATH

0876530 Reg. Dist. No. 30

1. PLACE OF DEATH: County BALTIMORE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Clty or town. CATON SULLA TO WE (If outside city or town limits, write RURAL and give nearest town)	State MARY LAND County BALTIMORE
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Sireel No. 100 HILTON AUENUE
	Streel No. (If rural, give LOCATION)
How long in hospital or instilution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
GRACE WALLACE BURFURD, GRA	ACE WALLACE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. White MARRIED	20. DATE OF DEATH Sept 28 1946, 21 1-2. M
8.(b) Name of husband or wife WILLIAM A BURFURD	21. I CERTIFY that death occurred on the date above stated; that taltended deceased trom
Joly 35 Section 6.(c) If alive, give age 75 years	au 18 4 10 Sefs 1 28 19 46
7. Birth date of deceased (mo., day, yr.) July 25 1870	and thet I last saw h
8. AGE: Years Months Days If less than one day 76 76 2 3	Immediate cause of death
76 76 2 2hrsmin.	Cerebral Henrihare -
9. Birthplace BALT IM J RC (Town, county, and state)	Que 1o.
1D. Usual occupation. House WIFC	Due to
11. Industry or business	
12. Name WILLIAM E WALLACE 13. Birthplace MARYLAND	Other conditions
13. Birthplace ARYLAND	(Include pregnancy within 3 months of death)
14. Malden name HONES Gough WALLACE	Major fiadings of operations.
15. Birthplace MARYLAND	Major nadings of operations
16. Informant WILLIAM A BURFURD	Autopsy results.
Address 130 HILTON AVE GATUNSONILLE	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If dealh was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date Ihereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Dew Cathedial	Where did injury occur?
Location Balto had	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lenny W Jankins Amolo	Means of Injury Injured all work?
Address no Cullon Posep and Slo.	(15M 1,00, 150, 10
Audiess // weigh minimum .	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address 330/ Frederick On Date signed 9/29/40



Br. James M. Collins: 3321 Frederick are

Loine Registras Harry W. Miller 10 Magydyans 2411 N. Charles St., Baltimore (93-2)

	OCHO	V
	08766	201
Reg.	Dist. No. 38	

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(44)
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PLEASE WRITE PLAINLY, WITH UNF. DING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15

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CERT	IFIC	ATE	OF	DEA	TH

1. PLACE O			320		2. USUAL RESIDENCE (I-OME) O (For newborn infants give residence of	F DECEASED:	
County Baltimore Elty or town Catonsville (If outsido city or town limits, write RURAL and give nearest town)					State Maryland Co.	No And	· Co.
Eity or town	(If outs	ido city or town l	imits, write I	RURAL and give nearest town)		,	
Now long in abo	ve place of	death? 35	rs.	2 mos., 10 days	City or town	s, write RURAL and give ne	arest town)
Hospital, Institution, or street address where death occurred:					Street No. 834 South		
				spital	(If rural, give		
How long in hos	spital or in	stitution? 35	rs.	2 mos., 10 days	2.(a) If veteran, name war	•••••	
3. (a) FULL	NAME	Elizab	th Bu	tkae		3. (b) Social Security	Number
4. Sex	5	. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
female	9	white	sin	ngle	2D. DATE DF DEATH September :	17 .46	7:15 a.u
					21. I CERTIFY that death occurred on the date abo		
****				***************************************	July 7		
			6.0	c) If alive, give ageyears	and that I last saw h. er alive on Sept		
deceased (mo	n., day, yr.)	Apri	1 6, 18	370			
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of death		
	76	5	11	hrs,min,	Terminal pneumon:		
O Olethalasa		Baltin	nore. 1	larvland	Due fo. Chronic myocardi		
a. on dipiace	*************			faryland			***************************************
10. Usual occu	pation	None	*************		Due to		***************************************
11. Industry or	business	None			Due (U		
当 12. Name		"?: "Bu	tkae		Dther conditions		
12. Name		Germa					
		0			(Include pregnancy within 3 i	months of death)	•
14. Malden 15. Birthpla	1 n2me				Major fludings of operatious	***************************************	
El 15. Birthpi	ace	Germa	ny			Date of op	
16. Informant		Hospi	tal re	cords	Autopsy results		
					PHYSICIAN: Flease underline the cause to w		statistically.
Address	- /	Caton	SV1119	-28, Md./	22, VIOLENCE: If death was due to external cau	uses, fill in the following:	
17	un	removal. Which?	Date the	eof (month) (day) (year)	Accident, sutcide, or homicide	Date of	
, , , , , , ,		14	mod	The control of the co			
Cemetery or	crematory	375	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		Where did injury occur?(City or town)		
Location	E	PON	nu		Injured at home, farm, industry, public place (w	here?)	
18. Funeral dir	ector 6	laven	ut	Hofmon	Means of Injury	tnjured at work?	
Address /	63	9 11	MIL	remit 1	Dradne	Tunk	
MUNICIS	1	111	4	1.611/1	23. SIGNATURE Isadore Tuer	K, M.D.	or other
19 7	10	19. X		7.00 Andrew	0-1 - 177 00		
	- 1 CE 101	/		The state of the s	Manicag	water arginum.	

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimore (700) CERTIFICATE OF DEATH

08767 Reg. Dist. No. 33

10 7

1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town Cuccinity (If outside city or town limits, write RURAL and give nearest town) Street No. 26.00 Stanton Are (If rurst, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME .	3.(b) Social Security Number		
Luis Cahaine Campbell	288-03-0574		
4. Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Sex Se	MEDICAL CERTIFICATION 20. DATE DF DEATH		
16. Informant alliaby of Bruse.	Antopsy results		
Address 1021 Madison are. Covering an Kentuck 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Burilington Countery. Location Burlington Ky 18. Funeral director Um Bernman & Soule Address Resterdan 19. Sept. 6 19. 46 Open 4 B. Eline	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Accident Bate of 9-5-46 Where did injury occur? Industry, public place (where?) (County) (State) Injured at home, farm, industry, public place (where?) Additional Work? Means of injury Action accident Injured at work? 23. SIGNATURE D. Exacus M. D. or other Address Address Address Signed 9-5-46		

HITARIO DE STA MINERALIS

SEP 10 1946

SUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A-15

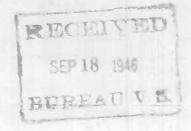
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3-0



U8768 Reg. Dist. No. 30

1. PLACE OF D		nore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County			state Maryland County Harford			
City or town(If	outside city or town	imits, write RURAL and give nearest town)				
How long in above plan	ce of death?253	rs., 9 mos., 24 days	City or town (11 outside city or town limits, write RURAL and give ne	arest town)		
	or street address where		Street No.			
		e Hospital	(If rural, give LOCATION)	1/		
		rs., 9 mos., 24 days	2.(a) It veteran, name war			
3. (a) FULL NAM	Mary (Carcand	3. (b) Social Security	Number		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
female	white	single				
			2D. DATE DF DEATHSeptember 1 19.46			
6.(b) Name of husban	d or wife	_	21. I CERTIFY that death occurred on the date above stated; that I attended deci			
		6.(c) It alive, give ageyears	November 8 19.20 to Septemb			
7. Birth date of	19677	Jesus Price and	and that I last saw heralive onSeptember1	19 46		
deceased (mo., day	, 3117	Days If less than one day	Immediate cause of death			
O. AGE.	3117		Acute exacerbation, chronic	***************************************		
79			myocarditis			
9. Birthplace	West Vi	ginia, county, and state)	Due to Arterioscle rotic cardiovascular			
	(Town	, county, and state)	disease	98		
10. Usual occupation	none		Due to Chronic interstitial nephritis	10		
1t. Industry or busine	ess none			**		
12. Name	Thomas (arcand	Other conditions			
13. Birlhplace	Maryland					
置 14. Maiden nam		th Jones	(Include pregnancy within 3 months of death)			
14. Maiden nam 15. Birthplace			Major findings of operations			
≥ 15. Birthplace	Maryland					
16. Informant	Hospital	records	Autopsy results. 8.S. & DOV. 6.			
Address	Catonsvi	lle-28, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.		
Danie			22. VIOLENCE: If death was due to external causes, till in the tollowing:			
(Buriat, crematic	on, or removat. Which	Date thereof Sept. 13, 1946 (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crema	tory Spring	Grove State Hospital	Where did injury occur?	(State)		
		28, Maryland	Injured at home, farm, industry, public place (where?)			
			Means of injury Injured at work?			
18. Funeral director.	Spring G	rove State Hospital	A 1 Tests			
Address Ca	atonsville	28, Maryland				
		11 01 - 00	23. SIGNATURE Isadore Tuerk, M.D.	or other		
19. 9-16	3- 1946	July sa mille	Catonsville-28. Md.	0-12-46		



2411 N. Charles St., Baltimore 940

08769

CERTIFICATE OF DEATH

CERTITICAL	Reg. Diat. No
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn) fants give residence of mother) State
100 bleach	3. (b) Social Security Number 213-07-5114
Male white Turried	MEDICAL CERTIFICATION Selt 22 19 46 of 1 40 p. N
6.(6) Name of husband or wite. Lillian T. Clark 5.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from 19 10 12 19 16 and that I last saw have alive on 19 16 Immediate cause of death DURATION
49 1 0min.	Coronary Thrombon 6 hor
9. Birthplace Scottdale, Pa. (Town, county, and state) 10. Usual occupation — 11. Industry or business Bethlehem Steel Co. 12. Name John Clark 13. Birthplace Scottdale, Pa.	Due to
14. Maiden name Martha Shay 15. Birthplace Pa.	Major findings of operations.
15. Informani Mrs. Lillian T. Clark Address 2806 Yorkway, Dundalk 17. Burial-Removal Date thereot 9/26/46 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory St. John's Com. Location Scottdale, Pa.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Balto., Md.	Means of Injury Injured at work? 23. SIGNATURE Homaed Burns M. D.
19. (Date fee'd by registrar) Registrar	Address Toundalle are Date signed Lefter

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /08

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Pag					

7	,						
. PLACE OF DI	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
/							
ity or town	Fort Howar	d	RURAL and give nearest town)	Stale Maryland County			
Yaw laan la abaya alaa	odiside city of town	ays	months and give meaters wwn)	City or town. Baltimore (If outside city or town limits, write RURAL and gr	ive nearest town)		
lospital, instilution, o	r street address where	death occurre	d:	Street No. 641 Pierce Street			
Vets. Adm	. Hosp F	t. How	ard, Md.	(If rurat, give LOCATION)			
low long in hospital	or institution? 6 D	ays		2.(a) If veleran, name war. WW-I	V		
3. (a) FULL NAM				3. (b) Social Sect	urity Number		
	GEOR	GE L.	CROSLIN				
I. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION	V		
Male	Negro	D	ivorced	20. DATE OF DEATH September 4, 19.4	46 at 1:10 A m		
45.4	A 10.			21. I CERTIFY that death occurred on the date above stated; that I attende			
				August 29, 1946 to Septe	ember 4,9.46		
7. Birth date of		6.0	(c) If alive, give ageyears	and that I last saw h im allve on September 4,			
deceased (mo., day,	yr.) 3-5-1	892		Immediate cause of death Lobar			
8. AGE: Yea	rs Months	Days	If iess than one day	Pneumonia, left lower lobe with	Since		
5	4 5	29	hrsmin.	empyema			
C C	onway. S.	C.	state)	Due to.			
				NUC 10			
1D. Usual occupation	Odd Job)S		Due to.			
11. Industry or busine	***			Due to			
12. Name	John Crosl	in					
	North Card			Other conditions			
E. I IJ. Dirtiipiace				(Include pregnancy within 3 months of death)			
	? Buloo			Major findings of operations.			
E 15. Birthplace	outh Carol	lina		Date of op.			
C1	inical Rec	ords.	Vets. Adm. Hosp.	Autopsy results			
	Ft. Howard			PHYSICIAN: Please underline the cause to which death should be ch			
MUUIESS	• 1		9/0/1/	22. VIOLENCE: If death was due to external causes, fill in the following:			
17 Surce	n, or removal. Which	Date the	reol 9 46	Accident, suicide, or homicide			
(Burial, crematic	n, or removal. Which	(?)	(month) (day) (year)				
Cemetery •	Balto	2 //	0007000	Where did injury occur?	(State)		
Location		,		Injured at home, farm, industry, public place (where?)	***************************************		
18. Funeral director.	1. 1	lale	tead	Means of Injury Injured 21 work	(?		
0.,	1 18 411	1/2 .	Hill avenue	Boleson Collison			
Address 9/	N Mun	N Y	The worker				
19	- 6 19 4 E	/	VW Hetero	V.A. Ft. Howard Md.	W.PAREGIUR		
/D. A			Maria man	TELEPHONE TO THE PROPERTY OF T	Topos 7-/1-/15		

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-9

1	
1. PLACE OF DEATH: 2	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	A A
City or town (If outside city or town limits, write RURAL and give nearest town)	StateCounty
How long in above place of death? 9 763. 6 405. 26 deys	(if outside city or town limits, write RURAL and give nearest town)
Hospital, insiltution, or street address where death occurred:	Street No. 5303 Bounfact Ave.
Jelis Gran Jup Hosb.	(If rurai, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Carrie Daughton	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Frank White Widow	2D. DATE DE DEATH 19 16 10:00 A. M
6.(b) Name of husband or wite Cherly Doughton	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased 6.(c) If alive, give age years	
T. Birth date of deceased (mo., day, yr.) May 23, 1884	and that I last saw h
8. AGE: Years Months Days If less than one day	
62 3 8min.	Chronic Myocarditis Individ
9. Birthplace Baltimore, Md.	Due to
(Town, county, and state)	Generalized Actorisachasis bullet
1D. Usual occupation Practical Nova	Due to
11, Industry or business Pride to Home	
12. Name John Franklin Myers 13. Birthplace Baltimore MJ	Other conditions Sometic Lies Indet.
	(include pregnary within 8 months of death)
14. Maiden name	
6 11 A1	Major findings of operations.
	Date of op
16. Informant	Autopsy results
Address Spr. 20 Grad State Hose.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burled grameting or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
La company of the	Where did in home control
Cemetery or crematory	
Location Voodlawn, VIII.	Injured at home, farm, industry, public place (where?)
18. Funeral director L. Howard Strong	Means of Injury Injured at work?
Address 3207 W. north ate.	Howlers Tues M. M.
Q-3 4 Court e	23 MSNATURE II. D. or other
19	Address Spring Gross State Hazorte signed 9-1-46

PLEASE WRITE

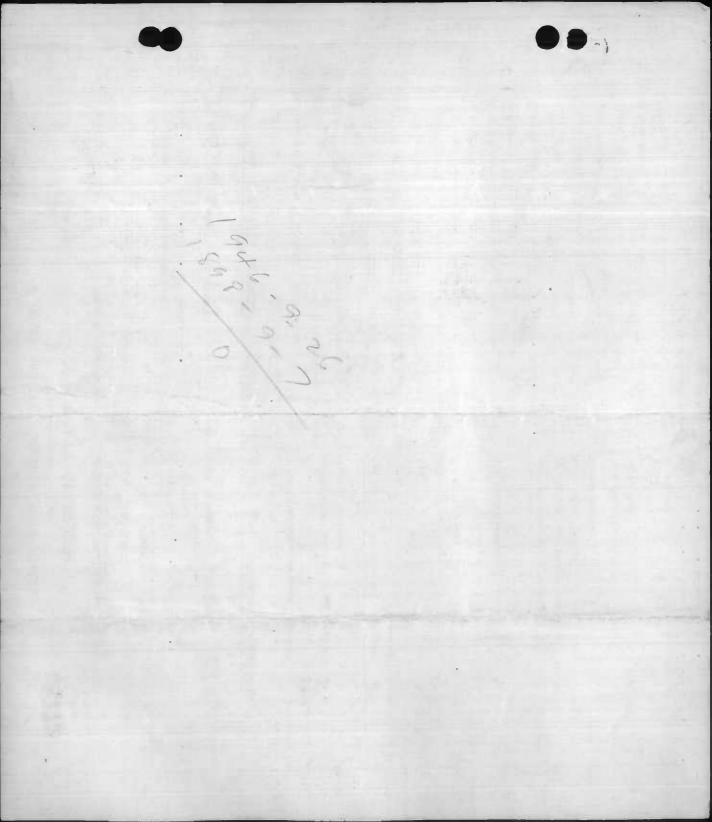
VS A15

			-	
MARYLAND	STATE	DEPARTMENT	OF	HEALTI

2411 N. Charles St., Baltimore (9-4)

(187	721	1	
Reg. Diat.	No	- /-	

1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Baltimore					
City or town [(If outside city or town limits, write RURAL and give nearest town)			State Maryland County		
			OAAD and give nearest town,	City or town Baltimore (If outside city or town limits, write RURAL and give	nearest town)
How long in above plac	r street address where	death occurred	:		
			rd, Md.	Street No. 1520 E. Chase S	
				2.(a) If veteran, name war	
		may.a	***************************************		
3. (a) FULL NAM	IE			3. (b) Social Secur	ity Number
1380	EUGENE	DAVTS			
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	Colored	l M	arried-Sep.	20. DATE OF DEATHSentember 30. 19 1	6 at 2:15 A
				21. I CERTIFY that death occurred on the date above stated; that I attended to	
6.(b) Name of husband	of wifeBenr	neuav	is	November 20, 19 45 to Septen	
		6.(e) if alive, give age		
7. Birth date of deceased (mo., day,	yr.) 7-10-18	388		and that I last saw himalive onSeptember30,	
8. AGE: Year		Days	If less than one day	Immediate cause of death	
5		20	hrs min.	Metastatic carcinoma lungs & bone	
9. BirthpiaceS.	outh Caroli	na	atate)	Oue to Carcinoma of prostate	
10. Usual occupation	Unemploys	2d		Oue to	
11. Industry or busine					
H 12 Name G	us Davis			Other conditions Synhilitic aontitis	2 Years
	South Carol				2 2002 0
				(Include pregnancy within 3 months of death)	
			***************************************	Major findings of operations.	***************************************
15. Birthplace	South Carol	ina			
			Vota Adm II	Antopsy results.	
			Vets Adm Hosp	PHYStCIAN: Please underline the cause to which death should he char	ged statistically.
Address	Ft. Howard	MQ.		22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Ber	on, or removal, Which?	Date ther	eol(month) (day) (year)	Accident, suicide, or homicide	
(Burial, crematic	on, or removal, Which?	The same of the sa			
Cemetery or crema	tory Dalto	10	Transal Cem.	Where did injury occur?	(State)
	01-		Sada	Injured at home, farm, Industry, public place (where?)	
Location A.	~//			Meens of Injury Injured at work?	
18. Funeral director	Kan	La de la	Law	mount of many	
Address 80	2 mas	lica	no ane.	138 Robert Cell	non
11/2		1	Mikent	R. M. CULLISON, M.D. CLIN	Dor other
19	registrar)	Ris finds	Registrar	Address V.A. Ft. Howard Mc Date sig	ned



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (76-

CERTIFICATE OF DEATH

0877332

1. PLACE OF DEATHY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County De Color of M. C.	State State County Date to		
City or town	and the surell		
Now long in above place of death?	(M outside city or town limits, write RURAL and give nearest town)		
	Street No. (If rural, give LOGATION)		
How long in haspital or institution?	2.(a) If veterao, name war of fall the the Colores and Colores		
3. (a) FULL NAME John H. Doffmyer	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male while murried	20. DATE DE DEATH SISTEM 15 19. 46, 21 10: 40 P. M		
6.(6) Namo of husband or wife Millery & to-f-france	21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from		
8.(c) It alive, give age years	9-15-19-46, 10 9-15-19-46		
7. Birth date of	and that I last saw h Lyon at Aut Alla Alla 18		
deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day	Immediate cause of death		
74 / 5hrsmin.	Fractived skull		
	Tompound Commanded Fraction &		
9. Birthplace (Fown, county, and state)	7 7 7 7 9		
10. Usual occupation	Considerable Timeles The factor of history		
11. Industry or business	la shall a shell		
12. Name. Will Survey	Other cond Mons		
14. Maiden name White for every 15. Birthplace	(tnelude pregnancy within 3 months of death)		
IS. Birtholace	Major findings of operations.		
10+110 X. 14 0121	Date of op.		
Address Lever Command of the Address A	Autopsy results		
(211, 21 / 2 , t-1: 11)	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Burlal, cremation, or removal. Which?) Data thereol (month) (day) (year)	Accident, suicide, or bomicide a confident. Date of 9-15-46		
Cometery or crematory DALLO MELLES	Where did injury occur? (City or town) (County) (State)		
Location of Charles and Control of Control of Control of Charles and Control of Control	Injured at home, tarm, industry, public placo (whers?)		
18. Funeral director Factor College Poly De College Co	Means of Injury Luts. Accedent Injured at work? Mis		
Address tekselle man but	22 SIGNATURE & D Caples In D. Exam.		
9-18- 46 Dr EE nichol	M. D. or other		
(Date rec'd hy registrar)	Address Rustinstourn Ind: Date signed 9-16-46		

NATIONAL TRANSPORTED TO STATE OF THE CONTRACT OF THE CONTRACT

CERTIFICATE OF DIATH

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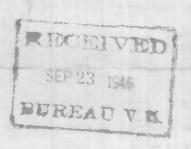
MARYLAND STATE DEPARTMENT OF HEALTH

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or parrie	Reg. Diat. No	
2. USUAL RESIDENCE (HOME) OF D (For newborn infagts give residence of mot	DECEASED:	
State County		***************************************
City or town(11 obtside city or town limits, w	rite RURAL and give near	rest town)
Street No. (If ruya), give LO	CATION)	
2.(a) If veteran, name war	••••••	
	3. (b) Social Security 1	
	213-05-2	508
MEDICAL CER	TIFICATION	
2D, DATE OF DEATH.	7 17 1946	, al 3
21. I CERTIFY That death occurred on the dal above s		- 10/
	610 Sept	19.4.
and that last saw halive on		19
Immediate cause of death	0 ,	DURATION
Coronary Oc	elung	1500-1
Oue 1a		43

Due 10	•••••	***************************************

Other conditions	***************************************	*************************
(Include pregnancy within 3 mon	ths of death)	
Majur findings of operations	*****	
	Date of op	
Autopsy results	death shuuld be charged	statistically.
22. VIOLENCE: If death was due to external causes	, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did Injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (where	2?)	***************************************
Means of Injury	Injured at work?	
ma la		By A
22 CICHATHAE X / // COA	ronne	1111



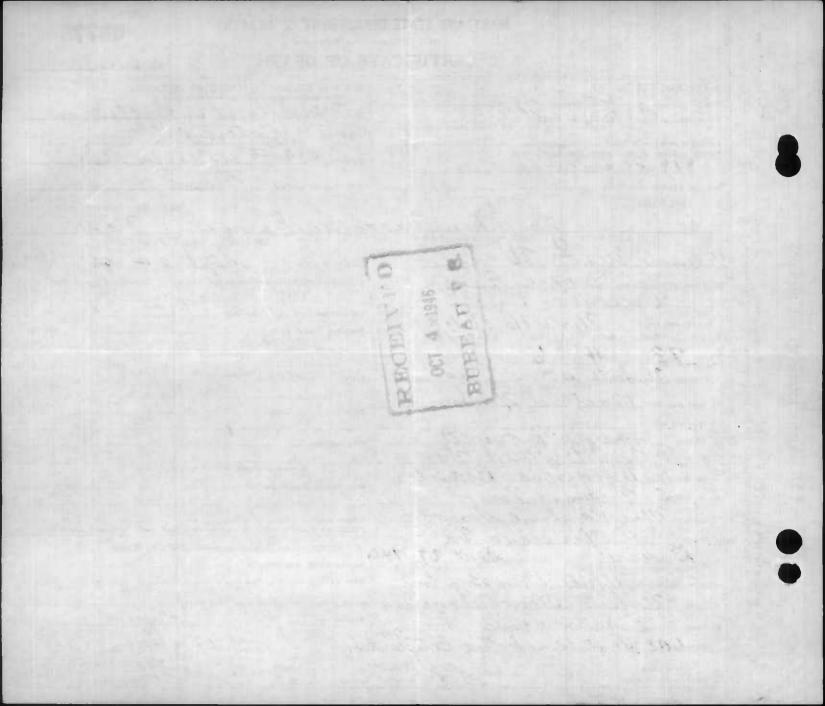
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimal	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State I Abb depletion of County Baltamas to
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or iown
Hospital, institution, or street address where death occurred:	010 16 10 10 10
819 Houldsick Aul	Street No. O. J.
How long in hospital or institution?	2.(a) th veteran, name wer
3. (a) FULL NAME	3. (b) Social Security Number
gosephine Vin	rinja Elmore Mone
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE DE DEATH. Selsat 21 4 1946 at 1:30 P. N
6.(b) Name of husband or wife. And Ally Collaboration	21. I CERTIFY the releast occurred on the date above stated; that I at ended deceased from
Second Second For the late of the second sec	1101 18 19 36 to 845. 24 19 46
T. Birth date of deceased (mo., day, yr.) May 110. 18 68	and that I last saw h
8. AGE: Years Months Days if less than one day	Immediate cause of death DURATION
72 If 6min.	
9. Birthpiace. 21 Seith Att The Until White	Due to Carlio - Vasculor Kenal
10. Usual occupation. Phantical Thursday	Name 8413
11. Industry or businees	Due to 10/4/8
MI ODDALL A man water	
12. Name 12. Name 13. Birthpiace 12. 12. Sirthpiace 12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	Dther conditions
14. Maiden name W. Manue Blane	(Include pregnancy within 8 months of death)
15. Birthplace Deliginia,	Major findings of operations.
16. Informant MAX Paraline Somers	Autopsy results.
7 1 11 51	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address & Swelley Va.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof (day) (fear)	Accident, suicide, or homicide
Cemetery or crematory Manual Start Balatant	Where did injury occur?
Location White Store Verginia	Injured at home, farm, industry, public place (whereas)
18. Funeral director & Aston Sons	Means of Injury Injured at work?
Address to BE For sederick Ove Catonar	le Corgo (Ustan Mi)
19. 4-26 Marris Mulli Sleguly Registrar	Address Catons VINC (28 Mg M. D. or 9-24. 46



MARYLAND STATE DEPARTMENT OF HEALTH

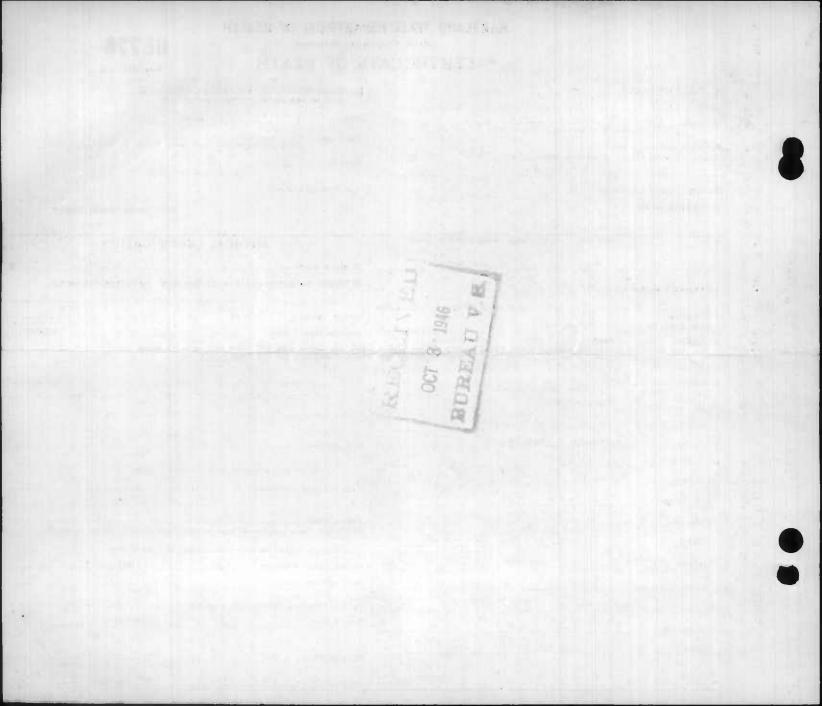
2411 N. Charles St., Baltimore 9319

08776

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale
4. Sex S. Color or race S.(a) Single, married, wildowed, or divorced Color of race S.(b) Single, married, wildowed, or divorced S.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Due to Due to Differ conditions (Include pregnancy within 8 months of death) Major findings of operations.
16. Informant // Address 17. (Burial, cremation, or removal. Which?) Cametery or crematery (month) (day) (year) Location //	Autopsy results PHYSICIAN: Please nuderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to externat causes, fill in the tollowing: Accident, suicide, or homicide



CERTIFICATE OF DEATH

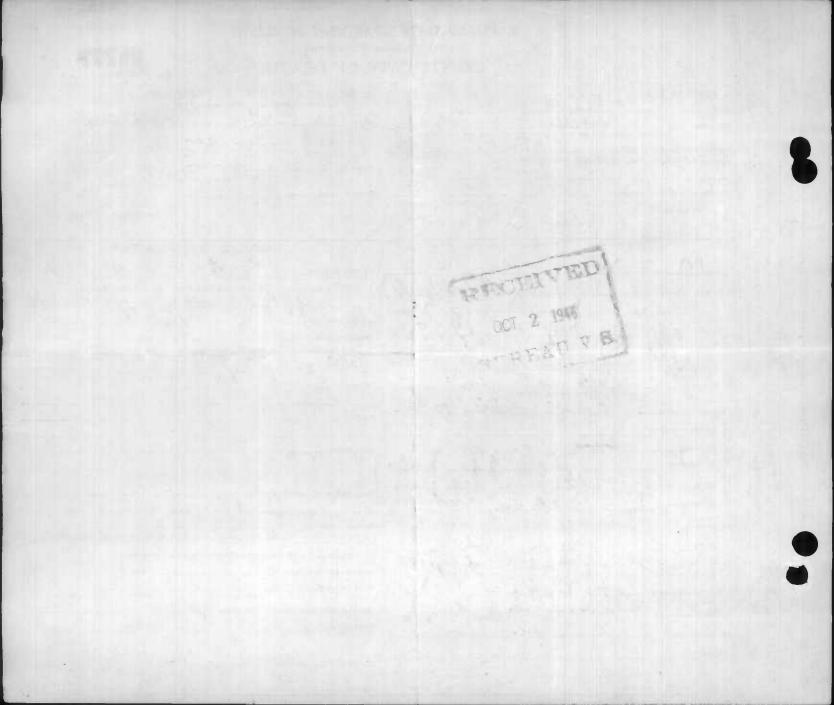
(18777₅₇ Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME John B. Enon	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced M. Married 6.(b) Name of husband or wife Many Elyslette face Sparks	MEDICAL CERTIFICATION 20. OATE OF OEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Lays If less than one day	and that I last saw h. and alive on S/28 19.46. Immediate cause of death OURATION
9. Birthplace Dalto Ond (Town, county, and state)	Due to Care curvant - 2 yrs
10. Usual occupation	Other conditions
14. Malden name Resttle Carne Erbra 15. Birthplace Bello Co., rud	(Incinde pregnancy within 3 months of death) Major findings of operations. Oate of op.
Address Dowson Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?) Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director. Sandan M. Burofos Address Address	Injured et home, farm, industry, public place (where?)
Sept. 29 46 Vilmer C. Insor (Date rec'd by registrar) Registrar	23. SIGNATURE MUMBER COLLEGE SWILL M. D. or other M. D. or other Address College Swille Mill Bate signed 9/25/440

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



At Home

Germany

Germany

Henry Mellema

2934 Baltimore Ave.

Baltimore Maryland

Eutaw Place.

Dale Ihereof 21 Sept. 46 (month) (day) (year)

Dora Brandt

Cemelery or crematory Loudon Park Cemetery

11. Industry or business

12. Name ...

13. Birthplace

14. Malden name...

17.....Burial (Burial, cremation, or removal. Which?)

'd by registrar)

14. Maiden na 15. Birthplace

16. Informant

Location

Address

18. Funeral director...

Reg. Dist. No., 2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewboro iofacte give residence of mother) Baltimore Langdowne (If outside city or town limits, write RURAL and give nearest town)

3. (b) Social Security Number

17 September 46--,11:55 P.M. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from and that I last saw h alive on OURATION (Inclode pregnancy within 8 months of death) Major findings of operations

(If rural, give LOCATION)

Mrs. Helen Wunder (daughter PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did Injury occur? (City or town) (Coonty)

Means of Injury injured at work?

Injured at home, farm, Industry, public place (where?)

Annapolis Road Dale signed

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VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



08779

og. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Chy or town (If outside city or town hmits, write RURAL and give nearest town)	State State County Dellicov &
How long in above place of dealh? 3 U	(if of taide city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	The state of the s
4	Street to Cartoni
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MARTHA ELLEN FARLOW	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W M.	20. DATE OF DEATH Suptember 2 8 19 44 11 2 3 P. M
6.(6) Name of husband or wife ANDREW P. FARLOW	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	May 19.46, 10 Sept. 19.46
1. Birth dale of	and that I last saw h. An alive on Supt 28 19.46
geceaseg (mo., gay, yr.)	Immediate cause of death.
8. AGE: Years Mooths Days If less than one day	
/6 / /3hrsmln.	Flast Failure / wo
1. Vindraua.	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Atomselworld	descare. Lan
	Due to classase.
11, Industry or business	Clarama Myslandilia
12. Name / OOM DRUMBIN	Other conditions Deesly. Aged Welling
2 13. Birthplace	(Include pregnancy within 3 months of denth)
14. Malden name. La	Major findings of operatious.
≥ t5. Birthplace	Dale of op.
16. Informan Tills Halling Kaylor	Autopsy results
Addres Orchard Rall Riffyurle Wall	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Dale thereof (month) (day) (year)	Accident, suicide, or bomicide
Cemetery or crematory	Where did injury occur?
Location Takeserelle: Medosland	Injured al home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address The ser Pol Mary Charl	Pri Tell 9
() () () () () () () () () ()	23. SIGNATURE
19. J. 30 - 19 46 Or 6 Ja Melder (Date rec'd by registrar)	Address Pikesville & M. D. or other M. D. or other M. D. or other M. D. or other



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A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: Baltimore County	72)
4. Sat 5. Color or race 6.(a) Single, married, wildowed, or divorced MEDICAL CERTIFICATION	
M W married 20, DATE OF DEATH Dept 20 19 46, at 21	PI
8.(b) Name of huaband or wife Mildred Tischer 8.(c) If allve, give age 45 years 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from the date of the part of th	1846
deceased (mo., day, yr.) 7 26 6 1900.	DURATION
8. AGE: Yeara Months Days It less than one day	pay
46 7 14 min. Valnovary Subtributory, te	1943
9. Birthplace Daltimose Cly Due to.	.010
19. Usual occupation. Kaleasew	
11. Industry or business Curows Contes deal	
12. Name Street Tischer. Other conditions.	000000000000000000000000000000000000000
2 13. Birthplace 12 altinose Cety (Include pregnancy within 3 months of death)	
14. Maiden name Mary Kephonth Major findings of operations.	***************************************
2 15. Birthplace Paltimose Cely Dale of op.	
Personal History- Hospital Records Autopsy results	
PHYSICIAN: Please underline the cause to which death should be charged statistic	ally.
22. VIOLENCE: If death was due to external causes, fill in the rollowing:	
Date thereof Accident, suicide, or homicide. Date of	***************************************
Cemelery or crematory Lacred County) Where did Injury occur? (City or town) (County) (State	3)
latinged at home form industry nublic place (where?)	.,
Location Location Injured at mome term, industry, public place (unerely) Means of injury Injured at work?	
18. Funeral director Almas Cornelly	
10. 100000	
Address 418 Zastern wer Esset 21 23. SIGNATURE // Cl Bridges M. D. or othe	N X X X X X X X X X X X X X X X X X X X

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Evidence for change of birtMARYLAND STATE DE	EPARTMENT OF HEALTH es St., Baltimore 740 (1878)
FILM No. I O 7 OCT 8 1946 CERTIFICAT	TE OF DEATH Reg. Dist. No. 44
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	4 . 1 3. (b) Social Security Number
4. Sex 5. Color of race 8. (a) Single, married, widowed, or divorced Lemale Matter Murried 6. (b) Name of husband or wife 6. (c) If alive, give age years 7. Birth dale of deceased (mo., day, yr.) Dec. 3 22 - 19-93 1892 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation Muse Mark	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I allanded depended from 19. to 3 19. and that I last sawn a alive on Superior J. 19. Immediate cause of death Duration Duration Due to Due to
11. industry or business at home 12. Hame Thomas Maley 13. Sirthplace Island	Dther conditions
15. Birthplace Die Durkin 16. Informant Mr. John Hatsgerald	(Include pregnancy within 3 months of death) Major fladings of operations
Address 6 17 4. A frect 17 Burlal, cremation, or removal, Which?) Cemetery or crematory Cemetery or crematory Cemetery or crematory	PNYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location 4300 Cold Josepherick RA 18. Funeral director from a Comman & Son Address 981-03 Holling St 19 9/4/46 18 C. N. Idearch	Injured at home, farm, industry, public place (where?) Meons of Injury Injured at work? 25. SIGNATURE M. D. or other M. D. or other

2411 N. Charles St., Baltimore [63-74]

CERTIFICATE OF DEATH

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	101, 2100, 100, 100, 100, 100, 100, 100,
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
329 Jestense 29	(If rural, give LOCATION)
How long in hospital or Institution?	2.(σ) If veteran, name war
3. (a) FULL NAME	Havingan 3. (b) Social Security Number 214-03-0431
4. Sex 5. Color or race 6.(a) Single, msrried, wildowed, or divorced 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 200 20	MEDICAL CERTIFICATION While 20. DATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 23. DATE OF DEATH 24. DATE OF DEATH 25. DATE OF DEATH 26. DATE OF DEATH 27. DATE OF DEATH 28. DATE OF DEATH 29. DATE OF DEATH 20.
6, (b) Name of husband or wife Signbeth M	21. I CERTIFY that death occurred on the date above stated; that t aftended deceased from
7. Sirth date of deceased (mo., day, yr.) Neh 26 /904	and that I last saw h
8. AGE: Years Months Days If less than one day 42 5 29hrsmin.	Immediate cause of death. DURATION DURATION
9. Birthplace (Yown, county, and state)	Due to. Stewn Rileles From
11. Industry or businessy Mat Branery	Due to
X 13. Birthplace Relgue	(Include pregnancy within 3 months of death)
14. Maiden name. Lessey 15. Birthplace Released	Major fiadings of operations
18. Informant Stinabelt Having am. Address 329 Drest shire Rd	Autopsy results PHYStCIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremstion, or removal, Which?) Cemetery or crematory. Bale thereof	Accident, suicide, or homicide.
Localion Belt md.	(City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Injury (Fig. 12) Injured at work?
Address 2700 Edmondson ave,	23. SIGNATURE THE MAN D. or other
19. (Date sec d by registrar) Registrar	Address 1010 Leeds are Date signed 9- 2496

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15

PLEASE WRITE PLAINLY, WITH UNF is especially important.

VS A15

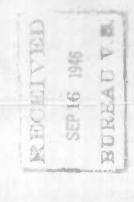
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-6)

CERTIFICATE OF DEATH

(18783 3 d

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryland County	***************************************
Catonsville (If outside eity or town limits, write RURAL and give nearest town)	***	
Now long in above place of death? 2 months, 7 days	City or town. Baltimore (If outside city or town limits, write RURAL and give near	est town)
Hospital, Institution, or street address where death occurred:	Streel No.	
Spring Grove State Hospital		
How long in hospital or institution? 2 months, 7 days	2.(a) If veteran, name war	
3. (a) FULL NAME Ellen Flemings	3. (b) Social Security N	lumber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white single	20. DATE OF DEATH September 5 1946	at.4:00p.m
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended decease	sed from
	June 29 1046 is Santambe	er 519 46
7. Birlh date of	and that I last saw heralive on	
deceased (mo., day, yr.) August 22, 1895	Immediate cause of death	OURATION
8. AGE: Years Months Days If less than one day	Localized pelvic peritonitis	
51 - 14hrs	Chronic parenchymatous nephritis	
9		-TITT IN
9. Birlhplace	Cerebral thrombosis	9 days
10. Usual occupation Charwoman	Coledial dildinosis	3 days
10. Court Courter	Due to	
11. Industry or business Convalescent home		
置 12. Name Ajacob Flemings	··· Other conditions	
13. Birthplace ?	(Include pregnancy within 8 months of death)	
H 14. Maiden name Rose ?		
15 Riribulace ?	Major fludings of operations	
To grande		
16. Informant Hospital recordss	Autopsy results	
Address Catonsville-28, Maryland	PHYS1CIAN: Please underline the cause to which death should be charged s	tatistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial Date thereof Sept. 12, 19 (Burisl, cremation, or removal. Whieh?)	Accident, suicide, or homicide	
Spring Grove State Hospital	Where did injury occur?	
Cemetery or crematory		
location	injured at home, farm, industry, public place (where?)	
Spring Grove State Hospital	Means of Injury Injured at work?	
Address Catonsville 28, Maryland .	Isadore Tuerk, M.D.	
1/ 016 12	23. SIGNATURE	rother
18. 9-12 1944 Harris Medistrar)	rar Address Catonsville-28 Md. Date signed	





MARYLAND STATE DEPARTMENT OF HEALT	MARYLAND	STATE	DEPARTMENT	OF	HEALT
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2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

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4				125	77
	Reg.	Diat.	No.	O.	

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Slate
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Cheele Saule
<i></i>	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	at a first the state of the sta
Josephine to	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL-CERTIFICATION
F. W. Wiclowad	20. DATE DF OEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or wife	21.1 Centre in death occurred on the date above stated; that I alterded deceased from
7. Birth date of deceased (mo., day, yr.) Aon - 6, 1855	and that I last saw h. LA. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
Cy 1 Man of the say	Jujocaraitro 31/25-
7/ 1/26hrsmln.	
9. Birthplace Salto G. md. (Town, county, and state)	Oue to arteris oclerosis -
10. Usual occupation 14 ruserife.	10 t
	Due to. Quality :
11. Industry or business	
12. Name Jacob. Weaver 3. Birthplace Permaneran	Other conditions
al 13. Buttiplace	(Include pregnancy within 3 months of death)
14. Malden name Josephenia Joseph	
S 15 Righniage	Major findings of operations
21 15. Birthplace Cennylvana	
1B. Informant James 4 - and	Antopsy results
Address Descas md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B ' 1 2 1 1011	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(2.110.	
Cemetery or crematory	Where did lajury occur?
Location Colcanorable ned	injured at home, farm, industry, public place (where?)
18. Funeral director Landon m. Burges	Means of Injury Injured at work?
E 1 1	01.1 0 \$
Address Sparles, Med.	23. SIGNATURE AND OF OWN OF M. D. or other
19. 9-5 19 46 Willer Company Registrar Registrar	Address Cuchary Sville Md Date signed 9/1/46.

RECEIVED

SEP 6 1946

BUREAU T.

	BALTIMORE CITY	
	CERTIFIC	
1. PLACE OF DEATH:		

6 (b) Name of husband or wife Stella

Months

7. Birth date of deceased (mo., day, yr.)

10. Usual Occupation Stream na

14. Maiden Name Caroline

16 (a) Informant Mrs. C.A. Forster
(b) Address 53 4 5 46 th St

(c) Cemetery or crematory 210 m Luth Cem

Belair

Location Bo. 1 to. Co. Md.

5. 46 th Street

No. 212 - 01 - 91

If less than one day

6 (a) Single, married, widowed

(b) Date thereof 9 //7

6 (c) If alive, give age

divorced.

Registered No.

	785
(a) State Md. (b) County Bolto	-
TO A STREET OF THE PARTY OF THE	
(c) City or town (If outside city or town limits, write RURA	
(d) Street No. 5-3 4 5, 46 5f.	
(e) Citizen of foreign country?	(Yes or No)
If yes, name country	
MEDICAL CERTIFICATION	Whenki and
20. DATE OF DEATH S-p 7.115- +4. 19 4.	45
21. I certify that death occurred on the date above state	ed: that lattend
ed deceased from 3/12 1945 to 9/1	0 4 6
and that I last saw he harrye on	97
Immediate gause of death fur lingur	Duration
of Could lip	
	-
Due to	
Due to	

while passed and place of pasts and we have	
Other Conditions	
PARTICIONAL DOS DINA SCIENTI DE SALES MATORISMOS	PHYSICIAN
(Include pregnancy within 3 months of death)	PHYSICIAN Underline the
(Include pregnancy within 3 months of death) Date of operation	Underline the
(Include pregnancy within 3 months of death) Date of operation	Underline the
(Include pregnancy within 3 months of death) Date of operation	Underline the cause to which death should be
(Include pregnancy within 3 months of death) Date of operation	Underline the cause to which death should be charged statistically.
(Include pregnancy within 3 months of death) Date of operation	Underline the cause to which death should be charged statistically.
Date of operation	Underline the cause to which death should be charged statistically.
(Include pregnancy within 3 months of death) Date of operation	Underline the cause to which death should be charged statistically.
(Include pregnancy within 3 months of death) Date of operation	Underline the cause to which death should be charged statistically. ollowing:
(Include pregnancy within 3 months of death) Date of operation	Underline the cause to which death should be charged statistically. ollowing: Manty) (State) I place, in public
(Include pregnancy within 3 months of death) Date of operation	Underline the cause to which death should be charged statistically. ollowing: Manty) (State) I place, in public
(Include pregnancy within 3 months of death) Date of operation	Underline the cause to which death should be charged statistically. ollowing: Manty) (State) I place, in public
(Include pregnancy within 3 months of death) Date of operation	Underline the cause to which death should be charged statistically. ollowing: Manty) (State) I place, in public

HEALTH DEPARTMENT

item of information should death MARGIN RESERVED FOR BINDING UNEADING Physicians: p WITH important. PLAINLY, especially

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carefully supplied

(a) Baltimore City Maryland

Hospital or institution:

(b) If veteran, name war

Years

11. Industry or business

15. Birthplace

17 (a) /3 wrial (Burial, cremation, or removal)

18 (a) Funeral director.

(b) Address 7 401

3 (a) FULL NAME

8. AGE:

PLEASE WRITE

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MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEAL	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

(93-d)

08786

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Clara S. Fryfogle	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female White Single	2D. DATE OF DEATH. September 12 19 46 at 8 P. M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19.5 to 2, 19.5 to 1
8. AGE: Years Months Days It less than one day	Immediato casse of death DURATION And Nascular Dis
9. Birthplace Baltimore County, Md. (Town, county, and state) 10. Usual occupation None 11. Industry or business 12. Name Joseph A. Fryfogle 13. Birthplace Baltimore County, Md.	Due to
14. Maiden name Flizabeth Baker Baltimore County, Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Mr. Edward Fryfogle Address Old Court Rd., Randallstown	Autopsy results
17. Burial Date thereof Sept. 14,1946 (Burial, cremation, or removal Which?) Cemetery or crematory. Mt. Olive Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Randalls town, Md. 18. Funeral diservor Hilling auroreau	Injured at home, farm, Industry, public place (where?)
18. Funeral director fillia danoviana Address 4510 Liberty Heights Ave. 19. 2 Mantana (Date rec'd by registrar) 19. 4 Registrar	23. SIGNATURE E Martin M. D. or other Addres Thudallstown, Md. Date signed 2/13/46

REALLIVED OCT 3 1946 RUBEAD V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlen St., Baltimore 93-0 CERTIFICATE OF DEATH

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Reg.	Diat.	No.	

1. PLACE OF DEATH: County City or town. (If outside city or town limit) write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	(If rural, give LOCATION)
D () PULL STABUE	
Sillian S. Ga	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Maurel	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife Edward B Gamble 7. Birth date of Sylve age 45 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days it less than one day	Charme My o Cardina 3
50 7 6min.	
9. Birthplace (Town, egunty, and state)	Due to Siserina Assard
10. Usual occupation	Due to
11. Industry or business	
12. Name William Sappangton 13. Birthplace Frederick 6 Md.	Dther conditions
14. Malden name Famie Bongaitnee	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Frederick Engle Co. md.	major nadings of operations
16. informant & B. Garaly	Antopsy results
Address Collaywille, md.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sp. Melanzin	Where did injury occur?
Location Selection med.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Landen on Brooks	Means of Injury Injured at work?
Address South Mid.	01:0 8 = 1.4
Sept. 5 46 Viluer C. Husor	23. SIGNATURE M. D. or other
19	Address Colleysville Md - Date signed 9/4/4/6

SEP 10 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

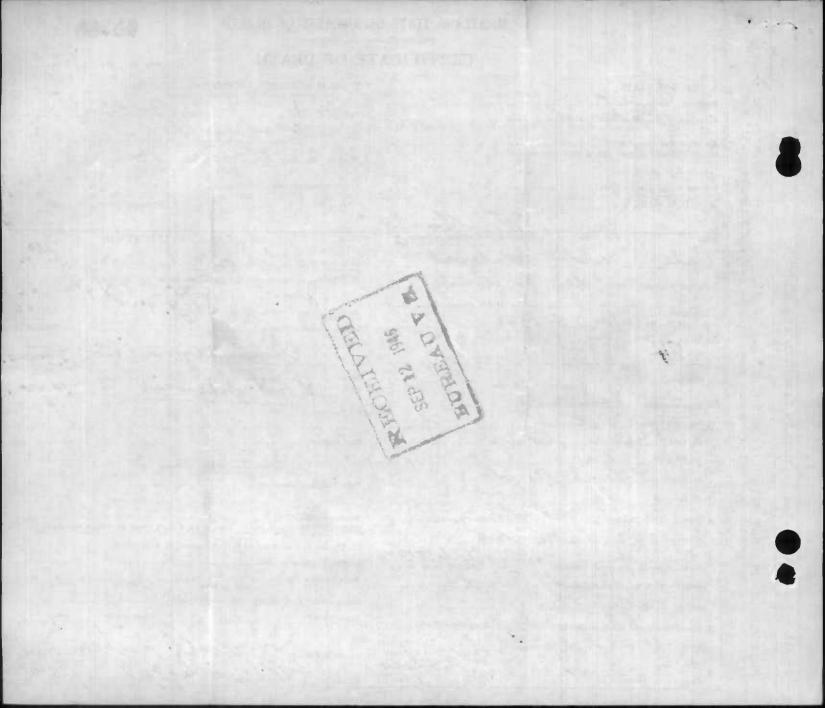
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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Made County Balto
City of town (If outside city or town limits, write RURAL and give nearest town)	P. Reviella
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 29 Walker Are
	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5 color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Wishwed	20. DATE OF DEATH. Sept. 9, 1946, 21 5.5 Park
6.(b) Name of husband or wife. I day m. Starts	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1935, to left 9 4 19.46
7. Birth date of	and thet I last saw h
acceased (most apply 11)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Chronic Myrearlikes 2 mons
9. Birthplace.	Due 10
(Town, county, and state)	X Av. Aclesses 10 yrs
10. Usual occupation.	Due to.
11. industry or business Retired.	
E 12. Name Proch Starts	Other conditions
13. Birthplace	
14. Maiden name Leak Bull	(Include pregnancy within 8 months of death)
E 14. Maiuen name	Majur findings of uperations
15. Birthpiace	Date of op
16. Informant North Market	Autupsy results
Address 1227 date fue.	
17 Buril Date thereof Sept 12 1946.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (nonth) (day (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Pelanulle	injured af home, farm, industry, public place (where?)
18. Funeral director & henoweth + all and and	Means of injury Injured af work?
Address 3615-17 Chestrus fre.	23. SIGNATURE TRANSPORTED TO THE PARTY OF TH
19. 9 1 10 10 10 10 10 10 10 10 10 10 10 10 1	Address Wikesielle - & M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46rd) CERTIFICATE OF DEATH

(18789 Reg. Dist. No. 44

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbory infants give residence of mother)
County Clay All A A B D D D	11110
City of town 11 (1) (1) (1) (1) (1) (1) (1) (1) (1)	State County County
Now long in above place of death?	City or town Aff outside city og town limits, write RURAL, end give nearest town)
Hospital, Institution, or street address where death occurred:	8121 11 11
812 121 STAUT	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
bensamin of	3. (b) Social Security Number
4. Set Color or race 6.(a) Siggle, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH Shop I S S S S S S S S S S S S S S S S S S
8.(6) Name of husband or wife Many Louise Garner	21. I CERTIEN that death occurred on the date above stated; that I attended deceased from
B.(c) If alive, give ageyears	Camary 1976 10 50 0 19 76
7. Birth date of	got that I last saw h alive on Saptety 9 19 12
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
(1) - 1	(accum of rectan year
9. Sirtholace La	Due to.
9. Sirtholace (Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	
E 12. Name A CANALLY	Diher conditions
13. Dirihplace	
14. Maiden name Elizabethi Illusullian St. Birthplage	(Include pregnency within 3 months of death)
15. Birthplace	Major findings of operations. Date of op.
16. Informant	Aotopsy results
Address Och Frolk Holly Dring alt a Mis	PHYSICIAN: Please uoderline the cause to which death shoold he charged statistically.
Buris 9/12/11/	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, semetion, or removal, White-7) Date thereof. (month) (day) (year)	Accident, suicide, or homicide,
Cemetery or exemptory Oak Lawn	Where did injury occur? (City or town) (County) (State)
legation Eastern ave. Extended	Injured at home, farm, Industry, public place (where?)
18. Funeral director Villiam Cook Inc.	Means of Injury Injured et work?
Address 1217 St. Paul St.	
1 1 2 1 1 0 00	23. SIGNATURE , My D, or other
(Dafe rec'd by registrar) 19 / Coull Peristrar	Address 520 Spanswa J. 19, Man signed 9:10.76

CLEAN STATE TO CHARLEST AND THE STATE OF THE

SEP 19 1946
BUREAU V.A.

Registrar

Reg. Dist. No.

00790)
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111	N.	Charles	St.,	Baltimore	61

/			CERTIFIC	ATE OF	F DEATH Reg. D		
1. PLACE OF DEATH: Baltimore County Catonsville (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Hospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 15 days				State City or to	State Maryland County City or town Baltimore 2 (1f outside city or town limits, write RUR Street No. 412 North Colvin (1f rural, give LOCATION) 2.(g) If veteran, name war		
3. (a) FULL NAM	Lena	Genoves	se		3. (b) Soci		
4. Sex female	5. Color or race	6.(a)Sing	e. married, widowed, or divorced married	20. OATE	MEDICAL CERTIFICA of OEATH September 26		
	yr.) De C		c) If alive, give age	years and that	RTIFY that death occurred on the date above stated: that I ptember 11		
9. Birthplace	Italy (Town Housew	ife	state)	Due to	Chronic arteriosclerotic heart disease Diabetes mellitus		
Salvatore Curreri 13. Birthplace Italy 14. Malden name Dominoca? Italy 15. Birthplace Italy Hospital records				of r Diag Major fi	ight ulna sustained 9-12- nosed and cast applied. udings of operations		
	Catons	ville-	28, Maryland reof Sept. 30, 19 (reoft), (day) (year	PHYSIC 22. VIO Accident	results		

tate Maryland County
(if outside city or town limits, write RURAL and give nearest town)
(If outside city or town limits, write RUKAL and give nearest town)
ireet No. 412 North Colvin Street
.(a) If veteran, name war
3. (b) Social Security Number
MEDICAL CERTIFICATION
O. DATE OF DEATH. September 26 19.46 at 6:30 am
1. I CERTIFY that death occurred on the date above stated; that I attended deceased from
September 11 19 46 to September 26 19 46
ind that I last saw h. or alive on September 26 19.46
mmediate cause of death OURATION
Acute exacerbation (half hour)
f chronic myocardial insufficiency Indef.
we to Chronic arteriosclerotic
heart disease
Diabetes mellitus
ther conditions Fracture of distal one-fourth
f right ulna sustained 9-12-46, (noncontribu-
of right ulna sustained 9-12-46. (noncontribu- liagnosed and cast applied tory)
Najor findings of operations
Oate of op.
Autopsy results
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, sulcide, or homicide
Where did injury occur?(City or town) (County) (State)
njured at home, farm, Industry, public place (where?)
Means of Injury Injured at work?
Means of Injury Injured at Work?
23. SIGNATURE. Isadore Tuerk, M.D. M.D. or other
Address Catonsville-28, Md. Oate signed 9-26-46

MARYLAND STATE DEPARTMENT OF HEALTH

correct age

WHAT UNE DING INK. Supply every item of information carefully. The c important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING

MARGIN

VS ATE

PLEASE WRITE PLAINLY, '

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (840)

CERTIFICATE OF DEATH

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		-	-	-	office.

Reg. Dist. No.

			The state of the s			
1. PLACE OF DEATI	H: Baltimor	·e		2. USUAL RESIDENCE (HOME) 0 (For newborn Infants give residence of	mother)	
// 0-	tonsville			State Md. Contament 13 o	Baltimore	3
(If outsi	de city or town lin	nits, write	RURAL and give nearest town)			
How long in above place of o	leath?	17.	yrs.	City or town(If outside city or town limits	, write RURAL and give ne	arest town)
Hospital, Institution, or stre	et address where d	eath occur	ed:	Street No. 649 Plymouth R	oad	
.0.000000000000000000000000000000000000			***************************************	(If rural, give	LOCATION)	
	tiluiion?		•••••••••••••••••••••••••••••••••••••••	2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
	Marie	Gohll	ce		None	
4. Sex 5.	Color or race	6.(a)Sin	gle, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	White		Widowed	2D. DATE DF DEATH September 9	19.46	at 8:15 Am
Section in the section is a section in the section			lke	21. I CERTIFY that death occurred on the date ebo	ve stated; that I attended dece	ased from
7. Birth daie of			(c) If alive, give ageyears	March 26, 19. and that I last saw her alive on Si	ept. 8,	19 46
deceased (mo., day, yr.)	October	18,	1855	Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	Cardiac Failure		
90	10	22	hrsmin.		***************************************	*****************************
9. BirthplaceG	ownons			Due to Generalized Arter	iosclerosis	* 2002000000000000000000000000000000000
9. Birthpiace	(Town, e	onnty, and	l atate)	V06 10	J	000000000000000000000000000000000000000
10. Usual occupation	Nor	e		Due io. Cerebral Hemorrh	8.7.B	3/26/46
11. Industry or business						
	Jacob Vo	lz		Other conditions Fractured hi		
12. Name	Germ	anv				
ec 15. Diffindace	Margare			(Include pregnancy within 8 r	nonths of death)	-
14. Malden name				Major findings of operations	***************************************	*************
15. Birthplace	Ger	many				
16. Informant Ma:	ry Kullic	k		Antopsy results		
Address	649 Plym			PHYSICIAN: Please underline the cause to wh		
			Sant 19 1046	22. VIOLENCE: If death was due to external cau	ses, fill in the following:	
Burial (Burial, eremation, or	removal, Which?)	Date the	ereof Sept. 12, 1946 (month) (day) (year)	Accident, suicide, or homicide accident.	Date of Que	nate 1948, 1946.
				Where did injury occur?(City or town)	4	
cemetery or crematory				(City or town) Injured at home, farm, industry, public place (wi		
Location			Md.	Means of injury assistantal falls	Injured et work?	
			W. Teufel & Son	mound of more states	'A / _ /2	
	Ol W. Fay		^	23. SIGNATURE Versel 17.	Juison 14	(e).
19. 9/11/4	619		I. W. Jeduch	3030 Edmondson	Ave.	9/9/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn tufants give residence of mother)
VVIII 2	State Maryland county anne arundel
City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. n Crain Highway
Opitz. nome	(If rural, giva LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
EMMA V. GREEN	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH September 8 1646 at 1.30A M
6.(b) Name of husband or wife Charles M. Green	21. I CERTIFY that death occurred on the date above stated; that Lettended deceased from
7. Birth date of	and that I tast saw h 27 alive on 2 1946
deceased (mo., day, yr.) September 21, 1865	Immediate page of death
8. AGE: Years Months Days It less than one day	ler. They cearting 6 near
80 11 17hrsmin.	
9. Birthplace. Galbrills, Md. (Town, county, and state)	Due to Delerous
10. Usuat occupation Housewife	
	Due to
Anno Amundol (lo Md	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Elegzeaner Short	Majur findiogs uf operations.
14. Maiden name Elegzeaner Short 15. Sirthplace Anne Arundel Co. Md.	Date of op.
16 Informant Mr. Charles R. Green	Actuar results.
Address Millersville. Md.	PHYSICIAN: Please underlise the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Bate thereot Sept. 11, 1946 (mooth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Baldwin Memorial Ch. Yd.	Where dld injury occur?
demetery of dictinatory	Injured at home, farm, Industry, public place (where?)
Location Millersville, Ind.	Means of injury Injured at work?
18. Funerat director 10 mao 0 Dica XIVa	
Address Glen Burnie, Md.	Hosean Thoward
Selt 18 16 Standlilles	23. SIGNATURE M. D. or other
(Date vec'd by registrar)	Address Date signed 9-10



MARYLAND STATE DEPARTMENT OF HEALTH

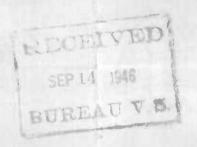
2411 N. Charles St., Baltimore

08793

CERTIFICATE OF DEATH

/ CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County Saltymine	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Selenger (December)	State Maryland County Wallimore
(If outside city or town limits, write RUKAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred	Street No. Cojolar Hell Rd
	(If royal, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Ellen Virginia G	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. Manied	814 11 W
1. Manuel	2D. DATE DF DEATH. 1944 at A
6.(b) Name of husband or wife Elmer D. Gumn	21. I CEATIFY, that death occurred on the date above stated; that I attended deceased from
() / 7	13- 1846 to Selit 11 1946
7. Birth date of	and that last saw har alive on 9/10 19.44
deceased (mo., day, yr.) 0 x 3, 1907	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
20 11 0	Carlesnama -
38 // 0hrsmin.	Junamately Murull Jufra
9. Birthplace	Due to
1D. Usual occupation 14 manufe	
	Due to
11. Industry or business	Other conditions
	Uther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	
14. Malden name	Major findings of operations
6/1 .0 (2)	Date of op,
16. Informant Cloude D. Gurun	Autopsy results
Address Phoening and.	PHYSICIAN: Please auderline the cause to which death should be charged statistically.
Audiess O'd in land	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Daie thereof (morth) (day) (year)	Accident, suicide, or homicide
(Eurial, cremation, or removal, Which?) (math) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Ohaguin and.	Injured at home, farm, industry, public place (where?)
S. 1 20 B	Means of Injury Injured at work?
18. Funeral director.	0110 02
Address Souls ma.	Malmon To. Ourser M. L.
Sent 19 46 Wilmer C. Ensor	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address when orde Md. Date signed 9/12/4
ace in the state of the state o	Manicas nate signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



supplied.

nth) (day) (year)

1. PLACE OF DEATH: (a) Baltimore City, Maryland (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days)...... (e) Length of stay in Baltimore (yrs., mos., or days)..... 3 (a) FULL NAME 3 (c) Social Security Account 3 (b) If veteran, name war DEFINITION OF C :BROTTITION ! No. 6 (a) Single, married, widowed, or 4. Sex 5. Color or race divorced. 6 (b) Name of husband or wife... 6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Days Years Months If less than one day 9. Birthplace... (Town, county, and state) 10. Usual Occupation 11. Industry or business 12. Name. 13. Birthplace 14. Maiden Name 15. Birthplace 16 (a) Informant. (b) Address 17 (a) 18mile

VS 150

(Burial, cremation, or removal

18 (a) Funeral director

(Date rec'd by registrar

V8-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OOMOR	,
118795	- ()
	X
og. Dist. No.	

CERTIFICAT	TE OF DEATH Rog. Dist. No.
1. PLACE OF DEATH: County. Baltimore. City or town. Tow.son. 4. Manyland. (If outside city of town limits, write RURAL and rive nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Clity or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Cling M Hanson	3. (b) Social Security Number
5. Color or race Section Sectio	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 22. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 23. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 24. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 25. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 26. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 27. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 28. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 28. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 28. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 29. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 29. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 29. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 20. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 20. I CERTIFY that death occurred on the date above stated; that Lastended disceased from 20. I CERTIFY that death occurred that Lastended disceased from 21. I CERTIFY that death occurred that Lastended disceased from 21. I CERTIFY that death occurred that Lastended disceased from 22. I CERTIFY that death occurred that Lastended disceased from 23. I CERTIFY that death occurred that Lastended disceased from 24. I CERTIFY that Lastended disceased from 25. I CERTIFY that death occurred that Lastended disceased from 26. I CERTIFY that Lastended disceased from 27. I CERTIFY that Lastended disceased from 28. I CERTIFY that Lastended disceased from 29. I CERTIFY that Lastended disceased from 29. I CERTIFY that Laste
19	Address Towson 4, Maryland Date signed 9-26-44

regage

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 469 CERTIFICATE OF DEATH

119		1	1111
Reg.	Dist.	No.	44

	6./
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
7	State Maryland County
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death? 3 days	
Hospital, institution, or street address where death occurred: Vets. Hosp, Fort Howard, Md.	Street No. 639 W. Lexington St. Baltimore, Md.
	2.(a) If veteran, name war. Spanish American War
How long in hospital or institution?3. days	
3. (a) FULL NAME	3. (b) Social Security Number
Samuel H. Harding	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH. September 5 19. 46 .at 9:30A
6.(b) Name of husband or wifeLuella Harding	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	September 2 19 46 10 Sept. 5 19 46
	and that I last saw H. m. ailve on Sept. 5
deceased (mo., day, yr.) 4-18-68	Immediate cause of death
8. AGE: Years Monihs Days It less than one day	CARCINOMA OF BODY OF PANCREAS Unknown
78 4 17hrsmin.	
9. BirthplaceVirginia (Town, county, and state)	Due 10
(Town, county, and state)	
10. Usual occupation	Due to.
11, Industry or business	
E 12. Name Unknown	Other conditions.
12. Name Unknown 13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name Unknown 15. Birthplace	Major findings of operations.
🗵 15. Birthplace	Date of op.
16. Informant Clinical Records	Autopsy results Substantiated above
Address Vets, Adm. Hosp. Fort Howard, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial 9-9-4-10	22. VIOLENCE: If death was due to external causes, till in the following:
Burial (Burial, cremation, or removal, Which?) Date thereof 9-9-46 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Baltimore National Cemetery	Where did injury occur?
Localion Baltimore, Md.	Injured at home, farm, Industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director Oder Funeral Home Inc.	
Address 4644 York Road, Baltimore, Md.	23. SIGNATURE Kobert M. Willison
19. \$19 1946 Adv. Hedril	R.M. CULLISON, M.D. CLIN, MOTHER other
19. Registrat	VA. Fort Howard, Md. Date signed 9/5/46

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 460

CERTIFICATE OF DEATH

Reg. Diat. No. 32

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? O yrs. I mo., I day Hospital, Institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium	State Maryland county Baltimore City or lown Dundalk (If outside city or town limits, write RURAL and give nearest town) Street No. 206 Wise Avenue (If rurat, give LOCATION)
Hew long in hospital or institution? O yrs. 1 mo., 1 day	2.(a) tf veteran, name war
John Henry Harmeyer	3. (b) Social Security Number # Unknown
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH September 5, 19.46 at 7:30 Pm
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 5, 19.46 to Sept. 5, 19.46 and that I last saw h. IM. alive on September 5, 19.46
8. AGE: Years Moeths Oays if iess than one day 64 6 28 hrsmin.	Immediate cause of death Carcinoma of Esophagus Mos.
s. BirthplaceBaltimore Maryland (Yowa, county, and atate) 10. Usual occupation Huckster	Due to
11. industry or business	
12. Name Antoine Harmeyer 13. Birthpiace Maryland	Other conditions Pulmonary Tuberculosis About 3 or 4
14. Maiden name Catherine Whitman 15. Birthplace Maryland	(Include pregnancy within 8 months of death) mos. Major findings of operations
16. intermant John H. Harmeyer	Antopsy results.
Address 206 Wise Ave., Dundalk, Balto.Co. 17. Burial (Burial, eremation, or removal, Which?) Cemetery or crematory Almshouse Cemetery Location Texas, Maryland	PHYStCIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Frank Newell Address Pikesville, Maryland 19. 9/5/46 19 E.J.7 Welster Registrar (Date ree'd by registrar)	Means of injury injured at work? 23. SIGNATURE Stewart S Shoffer in D Address. Mt. Wilson, Md. Oate signed 9,5,4,6



A15 SA

2411 N. Charles St., Baltimore 93-0

1	. 2			4	1
M	Reg.	Dist.	No.		7

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
couply Balto.	State Md county Balto
(If outside city or town limits, write RURAL and give nearest town)	D
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Instilution, or street address where death occurred:	Street No. 1900 Sunbury Bld.
1900 Sunbury Ja.	(If rnral, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lusie a Harres	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W married	20. DATE OF DEATH. Sept. 16 1946 at 1 P. N
0	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
6,(b) Name of husband or wife 10.2 e. p	12 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Birlh date of	and that I last saw h. An alive on A A A A A A A A A A A A A A A A A A
deceased (mo., day, yr.) July 7-1884	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Com In all from the histories 1/2
62min.	4
9. Birtholace Southlook Pa.	Que to Hand Birth and College of the
(Town, county, and state)	Cardello-12-16 Carena 3.
10. Usual occupation	Due to
11. Industry or business	
E 12 Name alfred Goling	Other conditions
12. Name Alfred Coling 13. Birthplace Pa.	
	(Include pregnancy within 3 months of death)
14. Malden name Zarista Z. 15. Birlhplace Da.	Major findings of operations.
El 15. Birlhplace	Date of op.
18. Informant alfred & farris (Son)	Antopsy results
Address 1900 Sumbury Rd.	
17 Remarch. Datothereof 9 17/46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory. In and well Carry	Where did Injury Occur?
Location Johnstown & a.	Injured at home, farm, Industry, public place (where?)
and the second last	Means of Injury Injured at work?
18. Funeral director.	e in w
Address T18 Eastern We. Esset d	23. SIGNATURE M. D. or other
19 9 / 17 / 1046 John & Connelly	n . 1 111
(Dute rec'd by registrar) Registrar	Address Date signed



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICAT	TE OF DEATH Rog. Diat. No. 30)
1. PLACE OF DEATH: Codnly City or fown. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Polity How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State)
Mary R. Hasslup	3. (b) Social Security Number	
Lemale Whate wisour 6.(a) Single, married, widowed, or divorced Lemale Whate wisour 6.(b) Hame of husband or wife stands of the same of husband or wife.	MEDICAL CERTIFICATION 20. DATE OF DEATH. September 19 19 46 at 11 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 45 10 9 19	19
7. Birth date of deceased (mo., day, yr.) 3/13/56 8. AGE: Years Months Bays if less than one day hirs. min. 9. Birthplace	and that I last saw h	RATION Cays
10. Usual occupation	Oue to	
14. Maideo oame Pulkeca a Mc Conkey 15. Birthplace Balto. Co. M 16. Informant Clinton M. Rider	(Include pregnancy within 3 months of death) Major findings of operations	***************************************
Address Ourness Mills, Marian (Burial, creination, or removal, Which?) Cemetery or crematery Andrews Balto Marian (Location Location Loca	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
18. Funeral director John O. Mitchell Jones ma. Address 1900 Entaw Glacy 1 19. 9/20 State State Ledged	Means of Injury Injured at work? 23. SIGNATURE 8 8 8 6 M. D. or other M. D. or other	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			-	
Dan	Dist	No	3	P

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Catonsville City or town (If outside city or town limits, write RURAL and give pearest town) 5500 Old Frederick road (If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
MURIEL G. HENNESSEY	3.(0) Social Security Number
4. Ser 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sept. 15 19.46 at
6.(b) Name of husband or its Leroy J. Hennessey 7. Birth date of deceased (mo., day, yr.) August 9, 1899	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Company 943 19
8. AGE: Years Months Oays tf less than one day 47 1 6	Vagual well. Boterer 3ura.
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Housewife 11. industry or business 12. Name Howard L. Wilson 13. Birthplace Baltimore, Maryland	Oue to Due to Other conditions Chance Clash egalitic Cyp.
13. Birthplace Baltimore, Maryland 14. Malden name Carrie Key 15. Birthplace Baltimore, Maryland 16. Informant Leroy J. Hennessey	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address 5500 Old Frederick road 12 Burial (Burial, cremation, or removal. Which?) Cemetery or crematory	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director and Address / 8 / - PM - Royal Ave . 18. Quantum - PM - Royal Ave . 18. Quantum - PM - Royal Ave . 18. Registrar	Means of injury injured at work? 23. SIGNATURE Address 4 N. Fuelon ave Date signed 9, 96, 4

4 N. FULTON AVE.

UNFADING INK. Every item of information should be carefully supplied. The Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH correct age is especially important.

VS 151

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



Registered No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Md. (b) County
(b) Street address Abell's Estate, Bellona Ave., (c) Hospital or institution: Ruxton, Md.	Rollings
(c) Hospital or institution: nuxton, Md.	(If outside city or town limits, write RURAL and give town)
***************************************	(d) Street No. 1517 Bolton Street
(d) Length of stay in hospital or inst. (yrs., mos., or daye)	(e) Citizen of foreign country?(Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
3 (a) FULL NAME JANE W.HILDRETH	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH September 6, 1946, at 2: 30PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	
Female White divorced. Single	21. I certify that I took charge of the remains described above, held an
6 (b) Name of husband or wife.	Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry
6 (c) If alive, give ageyears	by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) Sept. 19, 192	toherdeath on the day stated above, and death in my
8. AGE: Years Months Days If less than one day	opinion resulted from: natural causes [], accident [], suicide [],
17 (age at time of hr. min.	homicide, undetermined and that the causes of death were:
9. Birthplace Charlottesvill	IMMEDIATE CAUSE OF DEATH Undetermined
(Town, county, and state)	(Skeleton found after years of exposure
10. Usual Occupation None	Identified by contour of skull, teeth.
II. Industry or business	etc.)
12. Name William C. Hildreth	Due to
I3. Birthplace "heeling, ". Va.	
Elizabeth Miche	Other Conditions
	(To also James 1944) 0 (4 6 4 6 4
5 15. Birthplace Charlottesville, Va.	(Include pregnancy within 3 months of death)
16 (a) Informant Mrs. Elizabeth M. Hildret	22. If an external cause was primary or contributing cause of
(b) Address 1517 Bolton Street	death, fill in the following:
17 (a) Burial (b) Duta thereof 10/12/46	(a) Date of injury
17 (a) Burial (b) Date thereof 10/12/46 (month) (day) (year)	(b) Where did injury occur?
(c) Cemetery or crematory	(c) Did injury occur at home, on farm, industrial place, in public
Location Charlottesville, Va.	place?While at work
18 (a) Funeral director M. W. Mearles and Son	(d) Means of injury
(b) Address 805 N. Covert Street	23 Signature Homes J. Illaldino M.D.
16-0-00	// 25 10 250 1
19 (a) (b) Registrar Registrar	Date signed Sept. 27, 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-0)

CERTIFICATE OF DEATH

(18803) Reg. Dist. No. 30

1. PLACE OF DE	Rolling	ore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Catonsville (If outside city or town limits, write RURAL and give nearest town)				State Maryland County			
How long in above place Nospital, institution, or	of death? 4 mc	onths,	25 days	City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1026 E. Baltimore St. (If rural, give LOCATION) 2.(a) If reteran, name war.			
Sprin	g Grove St	tate Ho	spital				
Now long in hospital o	r institution?4mc	onths,	25 days				
3. (a) FULL NAM		Israel			3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
female	White		widowed	20. DATE OF DEATH. September	3 19 46	3., at 3.2.4.5 p., M	
) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 9 19 46 to September 3 19 46			
7. Birth date of				and that I last saw h er ative on Set	ptember 3	1846	
deceased (mo., day. 8. AGE: Year		oays	tf less than one day	Immediate cause of death			
71	2-14		hrs min.		·	1	
8. Birthptace	Russia	. county, and s	state)	Due to Chronic Arteriosclerotic Indef.			
4= 0 -1				Cardiovascular Disease			
11. Industry or busines	homo			Oue to		***	
12. Name	yman Margo ussia	lis		Other conditions			
14. Maiden name	Flora 1						
	Russia						
	Hospital F Catonsvill		(1.3	Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.			
	1			22. VIOLENCE: If death was due to external car			
17. Burial, cremation	n, or removal. Which		(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or cremat	Posedas	g loe	un.	Where did injury occur?(City or town)	(County)	(State)	
Location	anull	m c	eoe	Injured at home, farm, industry, public place (w	where?)		
18. Funerat director	Sof Ser	rus	n s Bros	Meens of Intury	injured at work?		
The same of the sa	26 /1.	1	are.	Isadore Tuerk			
19. 9-4	1946	10	Jarry St. Wille		28, Md. M.D	or other 9/3/46	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Overing man m)			Address		W. day . W. day . Mr. Phys. 1	



PLEASE WRITE PLAINLY, WITH UNE DING INK. Supply every item of information arefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-8

1. PLACE OF D	EATH: Baltin	nore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
4			***************************************	state Maryland co	unty	
How long in above pla Hospital, institution, Spring	ce of death? 32 J or street address where g Grove Sta	rs., 4 death occurre	tural and give nearest town) mos., 24 days d: pital mos., 24 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
3. (a) FULL NAI	ME	ny Jone			3. (b) Social Security	Number
4. Sex male	5. Color or race White	6.(a)Sing	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION 19.46	at6:45 a M
7. Birth date of		6.	c) tf alive, give ageyears	21. I CERTIFY that death occurred on the date ab March 21 and that I last saw h im alive on Sep.	ove stated: that t attended dec	eased from
8. AGE: Yes	ars Months	Days	It tess than one day	Immediate cause of death Bilateral fibrotic	pulmonary	DURATION
7:	3 ?	?	hrsmln.	tuberculosis		Indefinit
9. Birthplace	Unknown	, county, and	state)	Due to	al nephritis	11
~	e?			(Include pregnancy within 3 months of death) Major fadings of operations. Date of op. Autopsy results		
18. Intermant			rds 8. Maryland			
17 Burial	on, or removal. Which	Date the	eet 9-23-46 (month) (day) (year) tate H spital	VIOLENCE: If death was due to external ca Accident, suicide, or homicide Where did injury occur?	Date of	
Location	Caton swill	le 28,	Maryland	Injured at home, farm, Industry, public place (w	vhere?)	
18. Funeral director.	Spring (Grove S	tate Hospital	Maans of Injury	Injured at work?	
	Catons vi lle			Isadore Tuerk	M.D.	
19. 9-23	3 19#6	A	arry & Miller Registrar	23. SIGNATURE Catonsville-2	M, D.	or other 9-19-46



FICATE OF DEATH

08805

Reg. Dist. No. 37

	4)			MARYLAN	D ST
	The				241
100		/		CEF	RTIE
	Every item of information should carefully be supplied. write the causes of death clearly and legibly.	City or fown(If c	efac	s, write RURAL NEAR and	give to
	refu	Ball	emore		
	and La		t. (yrs., or mos., or days) ty (yrs., or mos., or days)	/	no.
	sho	3. (a) FULL NAI	WE .	1	
	cles		Louis.	oria	533
rh	natath	4. Sex	5. Color or race	6.(a)Single, married, widowed	or tilvor
ž	f de	male	while	Lingl	4
GNI	of in	6 (b) Name of husban	d or wife	J	
ED FOR B		7. Birth date of deceased (mo., day 8. AGE: Yea	(,yr.) Sept.	6(c) If allve, give age	ne day
MARGIN RESERVED FOR BINDING	UNFADING INK. Physicians: please	9. Birthplace	Maryland (Town, or Telegr	t. ounty, and state) appl Apera	to
IARG	NFAI	12. Name	Peter)	plant.	
Ĩ	SE WRITE PLAINLY, WITH U correct age is especially important.	14. Maiden name	mary	Is Tolley	
	Y, W	16. Informant _ 21	m. Jorid		
	PLAINLY, especially in	Address 5	83 Fre	llrich Un	. 5
	E PL.	(Burial, crematic	on, or removal. Which?)	Date thereof (mouth)	(day) (
	/RIT	Location	Rosly	w . n	4.
1	SE W	18. Funeral director	3207 1	k. noth a	20
VS A15	PLEASE WRITE correct age is	Address 19. lept	3 1946	Wm/ John	lo

	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Maryland County Baltimo	
	City or town (If outside city or town limits, write RURAL NEAR and give	rd No town)
-	Street No(If rural give LOCATION)	
	2(a) IF VETERAN, NAME WAR	
	3. (b) Social Security	Number
1	MEDICAL CERTIFICATION	
	20. DATE OF DEATH Sept 2 19 4	6. al 9 2 M
	21. I CERTIFY that death occurred on the dale above staled; that I altended decea	sed from
~	mel 26 1936 to 9/2 and that I last saw h have allive on 9/2	19.46.
	Immediate cause of death Coron ary Thrombosis	OURATION,
	Coloubry I monovus	13 mm
	Due to	
	Due fo	
-	Other conditions artheritis delormans.	
_	Nouse of leas!	
	(Include pregnately within months of death) Major tindings:	PHYSICIAN
-	Of operations	Please underline fhe cause to which death should be charged statisti- cally.
-	D1 eutopsy	
0	22. VIOLENCE: It death was due fo external causes, fill in the following; Accident, suicide, or homicide	
	Where did injury occur? (City or town) (County)	(State)
	Injured at home, farm, Industry, public place (where?)	
	01:0 1 =	10
-	23. SIGNATURE Stelmer 6. 61508	M.Zor other
	Address Cultury sulle Wd . Date signed	9/2/46

SEP 10 1946
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CEPTIFICATE OF DEATH

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Par Dist	MT.	30

		CERTIFICA	Reg. Dist. No.
1. PLACE OF DI	Baltim		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Boltimone
Hew long In above place	e of death?	M'N C mits, write RURAL and give nearest town) YPS.A. fealh occurred:	State Marvland County Baltimore City or town. Westowne (If outside city or town limits, write RURAL and give nearest town) 209 Westowne Road (If rural, give LOCATION)
How long in hospital	or Institution?		. 2.(a) If veteran, name war
3. (a) FULL NAM	Nellye	E. Kelly	3. (b) Social Security Number 705-10-5621
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 5.45
7. Birth date of	Tuna 1		21. I CEBIHFY that death occurred on the date above stated: that I strended deceased from
8. AGE: Year	Months 3	Days It less than one day 5min	Immediato canse of death Spanish Estaplicas Cours
	Clerk	connty, and state) Md. R. R.	Due to Daylar News plan en
12. Name	John J.		Ther conditions
14. Malden name 15. Birthplace		E. Kelly timore, Md.	Major findings of operations
	s. Joseph O E. 32nd	R. Price	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing:
	n, er removal. Which?) New Ca		Accident, suicide, or homicide
Location	Baltim	ore, Md.	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured 39 work?
1B. Funeral director	3207 W.N	orth Ave.,	23. SIGNATURALIE J. Steaght M. D. Kopher.
19. (Date rec'd by r	egistrar)	Registra	Address to to 12 delle / Vate sign 10 2/2/18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 230

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County / Sallyware	(For newborn infants give reaidence of mother)		
City of town	State Mich County 13 alluneare		
City of town(If outside city or town limits, write RURAL and give nearest town)	City or town		
yow long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
And the state of t	Street No. (If rural, give LOCATION)		
How tong in hospital or institution?	2.(a) If veteran, name war		
marion a. Kilbrur	3. (b) Social Securi	ily Number	
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
I W Widowed	So Vember 20 de	1 11350	
7	20. DATE DF DEATH SEATHLEFOR 20 19.	2at	
8, (b) Name of husband or wife wather me Killow	21. I CERTIFY that death occurred on the date above stated; that I attended a	leceased from	
1.9	March 7 1942 to Lest.	19.46	
7. Birth date of	and that I last saw h. er ailve on september de	19 46	
deceased (mo., day. yr.)	Immediate cause of death	DURATION	
8. AGE: Years Months Days If less than one day	Essential Hyperfeusion	4 yrs.	
47hrsmi	· Cerebral Herberhove	· I hour	
Ratting	Jenswals od akseki an elekan	40 ?	
9. Birlhpiace(Town, county, and state)	Due to.	*******	
1B. Usual occupation Harle Wife		******	
	Due to	***************************************	
11. Industry or business	- Les	*GDA	
12. Name Jacus Lafterly 13. Birthplace Battine	Dtlier conditions	9 70	
	(Include pregnancy within 3 months of death)		
14. Maiden namo Carabella Mekunt 15. Birthpiace Balla ville, md			
D Marian	Major findings of operations.		
El 15. Birthpiace Octob Octob Ma	Date of op		
16. Informant welliet W. Killowers	Autopsy results		
Address of of 11 Wilkers are	PHYSICIAN: Please underline the cause to which death should be char-	ged statistically.	
D. 1 1 101	22. VIOLENCE: tf death was due to external causes, flil in the following;		
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	>+++++++++++++++++++++++++++++++++++++	
J. 1 day P. 1/2	Where did injury occur?	••••••	
Cemetery or crematory		(State)	
Location Ballena	tnjured at home, farm, Industry, public place (where?)		
18. Funeral director freedmick A Osle	Meene of injury injured at work?		
1/4 1 1	96.00	2	
Address 1200 W. Jonnaco DI	The lake Jaso Mrs	7.	
" To V3 Kl Centrale		D. or other	
19. (Date rec'd by registrar) Registra	Address 4001 William Cive Date sign	ed 9-22-46	

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1/PLACE OF DEATH:

County ..

MARYLAND STATE DEPARTMENT OF HEALTH

241

1	N.	Charles	St.,	Baltimore	930
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DUBATION.

CERTIFICATE OF DEATH

2.

<u> </u>		Reg. Dist. No
	L RESIDENCE (HOME	
)	Nar land	County
or to	" Balle	rpits, write RURAL and give nearest town)
	(If outside city or town in	A A Secret town

Street No. 11/ North heast Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

(a) If veteran, name war	L
10	3. (b) Social Security Number

City or town	State. County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 1 Avelues (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME h attie Lingmia	1 Cline 8 3. (b) Social Security Number
4. Sex 5. Color or race, 6.(a) Single married) widowed or divorced 1- smale White Married	MEDICAL CERTIFICATION 2D. DATE DF DEATH
6.(b) Name of husband or wife	and that I last saw h. W. allve on SER. + 11 19 Immediate cause of death DUGA CELE Grad Character Surfaces
9. Birthplace Baltimore (Town, county, and state) 10. Usual occupation Laws except	Due to GEMERAL WO DUSTERSE UNDUE to.
11. Industry or business 12. Name 10 14 Mobile 13. Birthplace Fallunor Md	Dither conditions
14. Malden name Mat (res keeres ned) 15. Birthplace Parthering Ned	Major findings of operations.
Address Catonwelle 28 Md	Antopsy results
17. Burial Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery of erematory Salto. Md.	Where did injury occur?

18. Funeral director

Daltwion

Address deduch

23. SIGNATURE. M. D. or other

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2000

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-0

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(10	Ö	IJ	9	
Reg.	Dist	. N	0.,		••

1. PLACE OF DEATH: Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md. Balto.		
(If outside city or town limits, write RURAL and give nearest town)	State		
How long in above place of death?	City or town. Rosedale (If outside city or town limits, write RURAL and give nearest town)		
Hospitat, Institution, or street address where death occurred:			
817 Rosedale street	street No. 817 Rosedale Avenue (If rural, Molocation)		
How long in hospital or institution?	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mary Barbara Kohajda			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DF DEATH. 9 / 6/ 1946 , 21 8; 30p M		
6.(b) Name of husband or wife Antal	21. I CERTIFY that death occurred on the date above stated; that I attended peceased from		
	aug 13 19.46, 10 Sept 6 19.46		
7. Birth date ot Table 1 Table 1 Table 1 Table 1 Table 1 Table 2 Table 1 Table 2 Table	and that I hast saw have alive on Sest 6 1946		
deceased (mo., day, yr.) Nobember 14, 1881	Immediate canse of death DURATION		
8. AGE: Years Months Days If less than one day	Toversia 2 w/s.		
64 hrsmin.			
9. Birthplace Checoslovika	Due to Carcinoma of Clovix 5 years		
(Town, county, and state)	with hepatu metastasis		
10. Usual occupation Housewife at home	Due to		
11. Industry or business			
12. Name Anton Novak 13. Sirthplace Check.	Other conditions Mundial		
3. 8irthplace Check.			
Frances Knapp	(Include pregnancy within 3 months of death)		
Check.	Major findings of operations		
	Date of op.		
16. Intermant Antal Kohajda husband	Antopsy results.		
Address 817 Rosedale Street	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial 9 / 10/46	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
Only Town (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Eastern Ave, Ext'd.	Injured at home, farm, Industry, public place (where?)		
	Means of Injury Injured at work?		
18. Funeral director Telly + Zeiler Clie	Mark D		
Address 403 S Wolfe Street	In M (Stram chadner		
	23. SIGNATURE M. D. or other		
19	Address Dullo 6 Mg Date signed 9-8-46		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

(1881) Reg. Dist. No...

1. PLACE OF BAILIMORE County Raspeburg City of town (If outside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md Baltimore Raspeburg	ê			
How long in above place of death? Hospital, institution, or street address where death occurred: 523 Elmwood Rd		 :	City or town					
			······	(If rural, give LOCATION) 2.(a) If veteran, name war				
3. (a) FULL NAME				3. (b) Social Security 1				
	OSIE L H							
Female 5	White		e, married, widowed, or divorced VidoW	MEDICAL CERTIFICATION 9/29/46 2D. DATE DF DEATH	30 PM			
6.(b) Name of husband or			ach	Sept 2 18 4 6, 10 Sept 20	19 4 6			
7. Birth date of deceased (mo., day, yr.)	Jan 5 1	.869		and that I last saw have alive on				
8. AGE: Years 77	Months 8	Days 24	It less than one dayhrsmi	n. Immediate cause of death	DURATION 44918			
9. Birthplace Balt	imore (county, and	1d tste)	Due to	***************************************			
10. Usual occupation	AtI	Iome	***************************************	Due to	***************************************			
	nn Reich		ermany	Diher conditions Create pulmon Felena	(duy			
adl	Rosie F		21 many	(Include pregnancy within 3 months of death) Major findings of operations.				
	s Marie		ermany	Autopsy results				
Address	523 Elr	nwood	Rd	PHYSICIAN: Please underline the cause to which death should be charged s	atistically.			
17Burial (Burial, cremation, or	removal. Which?) Parkw(10/3/46 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide				
Location	Re	alto 1	vid	(City or town) (County)				
18. Funeral director La		**************	^ ^	Means of injury Injured at work?				
Address 7401	Belair B	Road 1	Balto 6 Md	22 SIGNATURE (1 LOS Zhehur MD)				
19. Cut 3 d	19.46	mo a	L. Refamils		other 7/30/46			

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MARYLAND STATE DEPARTMENT OF HEAL

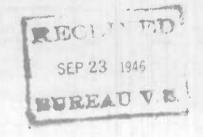
2411 N. Charles St., Baltimore 932



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20	9 10		No	2	7
-	Reg.	Diat.	No		Z.,

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Tallimore	State 94 d County
(If outside/city or town limits, write RURAL and give nearest town)	13.04.
Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2. 20 & augusta are
masonic Home Cocheysolle MA	(If poral, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Henry Kraft	
4. Sex 5. Color or race 6.(a) Singla, Married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH. Sept. 19 18.46 at 420 P. M
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Sefet, 16 19 46 10 Sefet 19 19 46
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
o. Ada.	Coronary Thumbous 3 days
73 (c 1hrsmin.	
9. Birtholace Thultimore Ad.	Due to Hypertensive Curdio
(Town, county, and state)	Muscular Deseure 5 yes
10. Usual occupation Managen Gumber Concum	Due to
11. Industry or business	
= 12. Name Jenny Thaft	Other conditions
12. Name Alexany Tauft 13. Birtholace Hotteren Germany	
a la	(Include pregnancy within 3 months of death)
# 14. Maiden name	Major findings of operations
\$ 15. 8irtholace allstedt, Germany	Date of op.
16. Informant Raura In Schroeder	Autopsy results
Ost	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Masonic Some Coming new Mo	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17 Burecel Date thereof Sept. 2334 19	Oscident, suicide, or homicide
(Burial, cremation, or removal. Which?) Bate thereof. (month) (day) (year) Battimere Ceretery	
Cemelery or crematory.	Where did injury occur?
location Saltimore and	Injured at home, farm, Industry, public place (where?)
Man Parks	Msans of Injury Injured at work?
18. Funeral director.	1 1 1 0 0
Address At. Paul & Presion St	Malter J. Kuo M.D.
left 20th 16 8 M Solvender	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Jowes are Cockeys roll Date signed 9/19/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

Reg. Dist. No.....

08812

1. PLACE OF DEATH: County Salts	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Residence of the Country of the City or town limits, write RURAL and give nearest town)	State MA: County Salto
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 26 Berrymens Card
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, nams war
3. (a) FULL NAME Gusta Ellen y: 32	Relland Perass 3. (b) Social Security Number
4. Sex 5. Color or racs 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+ W Widow	20. DATE DF DEATH September 9 19 46 21 6 P.
Leman-1 G. Hyper	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	6-11 1945 10 9-9-1946
7. Birth dale of deceased (mo., day, yr.) march 27 - 1863	and that I last saw h MM alive on 9 9 46
deceased (mo., day, yr.) March 21 - 1865 8. AGE: Years Months Days It less than one day	Immediate cause of death
62 1- 10	Broncho Encumoira 2 da
83 3 2min.	
9. Birthplace (Town, county, and state)	Due to Service Diguniration 6 who
1D. Usual occupation. Rome	and the arrest and are
11. Industry or business	Due to
12. Name Jacob W. Strine 13. Birtholace Fold. Co md.	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden nams Studity 15. Birthplace Fud. Co. md.	Major findings of operations
El 15. Birthplace	Date of op.
16. Interment Mrs. Durice 17. Carahan	Antopsy results
Address Renterstown, Ballo, So. mol.	
(Burisl, cremation, or removal, Which?) Bate thereof	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
11 .0 9	
Cemetery or crematory. Dalla Uem.	Where did injury occur? (City or form) (County) (State)
Location newscon, to assessing in the contraction	Injured at home, farm, Industry, public place (where?)
18. Funeral director Al Sankard Joans	Means of Injury Injured at work?
Address Westminster, mg.	D. Basles m. D.
1. Seat. 9 1. 46 Pary B. Flino	23. SIGNATURE M. D. or other
(Date ree'd by registrar)	Address Fusterstaurn many land Date signed 9-9-46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/0

CEDTIFICATE OF DEATH

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	1	 a.	

			CERTIFICA	Reg. Dist. No.	300
1. PLACE OF DEA	TH: Baltimore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or fown		State Maryland County Anne Arundel City or town (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or Spring	streel address where Grove Sta	te Hop	pital months, 17 days	Streel No. 1019 Forrest Street (If rural, give LOCATION) 2.(a) If veleran, name war.	1/
3. (a) FULL NAME		ph Ler		3. (b) Social Secur	rity Number
4. Sex male	5. Color or race	6.(a)Sing	e, married, widowed, or divorced widowed	MEDICAL CERTIFICATION 20. DATE OF DEATHSoptember 29	
6.(b) Name of husband			c) If allve, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I altended	deceased from
7. Birth date of deceased (mo., day, y	n) Marc	h 8, 1	857	and that I last saw himalive onSeptember29	
8. AGE: Years	Months 6	Days 21	If less than one dayhrsmin.	Coronary thrombosis	
9. Birthplace	D.L.		ounty, Maryland	Due 10. Hypertensive arterioscleroti cardiovascular-renal disease	- II
11. Industry or business					********
12. Name	?		***************************************	Other conditions	***************************************
441	?			(Include pregnancy within 3 months of death)	
14. Malden name	?			Major fludings of operations	
16. Informant			cords -28, Md.	Autopsy results	***************************************
17(Burial, cremation.	Burial or removal, Which Spring	Date the	cot ober 2, 1946 (month) (day) (year) State Hospital	22. VIOLENCE: If death was due to external causes, fill in The following: Accident, suicide, or homicide	
Location	Cat onsv	ille 28	B, Maryland	Injured at home, farm, industry, public place (where?)	
18. Funeral director			State Hospital	A 1 7	2
Address			3. Maryland	23. SIGNATURE Isadore Tuerk, M.D. M	. D. or other
19. (Date rec'd by re	19.4.6.	What	rrefl Millie Registrar	Address Catonsville-28 Ma. Daie sig	med 9-30-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

	02211	2 -
14	LOOTS (50
-	Reg. Dist. No	

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
COURTY /	State Maryland County		
(If outside city or town limits, write RURAL and give nearest town)			
	City or town		
Hospital, Institution, or street address where death occurred:	Street No. 2032 Linden Avenue		
Spring Grove State Hospital	(If rural, give LOCATION)		
How long in hospital or institution?2 months, 20 days	2.(a) If veleran, name war		
3.(a) FULL NAME Liebe Liebowitz	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white separated	2D, DATE OF DEATH. September 4 19 46 46 206 a. M		
· I	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(b) Name of husband or wife			
B.(c) If alive, pive age years	and that I last saw halive on		
	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
55 ? ?hrsmin.	Caroner allerin		
9. Birthplace	Due 10		
10. Usual occupation Housewife	Carde Carrelan diamin		
Warra .	Due to		
W.I.	and Indicate		
	Other conditions		
13. Birthplace Russia .	(Include pregnancy within 3 months of death)		
14. Malden name Goldie Noami			
10	Major findings of operations.		
16. Informant Hospital records	Antopsy results		
Coton med 11 a 20 Mount and			
1) 0. 9. 1- 1/-	22. VIOLENCE: If dealh was due to external causes, fill in the following:		
	Accident, suicide, or homicide		
Cemetery or crematory)	Where did Injury occur? (City or town) (County) (State)		
Notwork Mt Carmel	Injured at home, farm, industry, public place (where?)		
Location	Means of Injury Injured at work?		
18. Funeral director ACC Lewis State	Os I washing		
Address 1439 & Batto St	Manual: 11. Sin ARI		
	23. SIGNATURE		
1 11 11 May 10 7/1. 10	M. D. or other		



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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

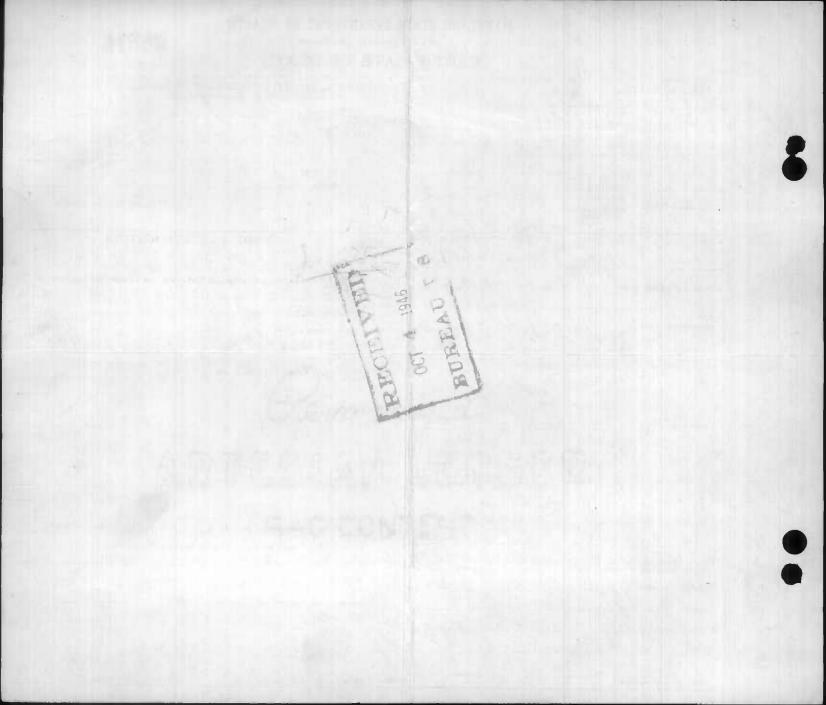
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CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newboyn infants give a sidence of mother) 1. PLACE OF DI How long in above place of death?.. Hospital, Institution, or street address where death occurred: How long in hospital or institution?.. 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. IFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DUBATION If less than one day 8. AGE: Days onary throw 10. Usual occupation 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations 2 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide..... (Burial, cremation, or relocal, Which (day) (year) Cemetery or cremator (City or town) injured at home, farm, industry, public place (where?) 18. Funeral director.

Registrar



CERTIFICAT	E OF DEATH Reg. Dist. No	20
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death outpired:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town. (If outside city or town limits, write RURAL and give near Street No. (If rural, give LOCATION)	ursl.
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Clina Owens Marsden	3. (b) Social Security	Number
Lemale white wishowed ordivorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sept. 28 19	a16 15 1
6.(b) Name of husband or wife Ochum Marsolen 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended decer Jaw - 19.3.4 to Sept - 28	ised from
7. Birth date of deceased (mo., day, yr.) 29 July 1860	and that I last saw h. A. alive on Sept. 38	DURATION
8. AGE: Years Months pays It less than one day 8. Birthplace attornsvilla Maryland (Town, county, and state)	Myocarditii Bue to Arteno Scleroni -	4 mvi
10. Usual occupation Actual State 11. Industry or business	Due to	
12. Name Samuel W. Jwens 13. Birthplace Maryland	Other conditions	
14. Malden name Sarah Winter 15. Birthplace Maryland	Major findings of operations.	104044000000000000000000000000000000000
Gin A Reddings	Autopsy results.	
Addres 29 Newbury Ove Catousville	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?(City or town) (County)	(State)
Location Location City	Injured at home, farm, Industry, public place (where?)	
18. Funeral director of the State	Means of Injury Injured at work?	
Address Catourille Md.	23. SIGNATURE CURINDER Fort-	
19. (Date rec'd by registrar) 1946 Harry Muflin	Address 20 S. Preston St_ Date signed.	9 30 /W



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		CERTIFICAT	Reg. Dist. No		
1. PLACE OF DE	ATH: Balto.		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospital, institution, or street address where death occurred: 128 Rosewood Ave.		118	128 Rosewood Ave.		
How tong in hospital o	r institution?		2.(a) if veteran, name war	*****************	
3. (a) FULL NAM	E	MARY E. MASSEY	3. (b) Social Security N	umber	
4. Set	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Married	20. DATE OF DEATH Sept. 8, 19 46	11:35p	
5.(6) Name of husband 7. Birth date of	OF WITE	d J. Massey S.(c) It alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended decease open 30 19 46 to 5ept 8 and that last saw h. 20 alive on Sept 8	ed from	
deceased (mo., day, 8. AGE: Year 75		1871	Immediate cause of death. Chronic My cardities	OMOS.	
9. BirthplaceMa.) 10. Usuat occupation 11. Industry or busines		W. Va.	Due to.		
	Villiam Smi Martinsb Anna Hess	th urg, W. Va. burg, W. Va.	Bither conditions TWO TWO Careful (Jucinde pregnancy within 3 months of death) Major findings of operations.	15 years.	
16. Informant	Mr. Howard 128 Rosewoo	J. Massey d Ave.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged at 22. VIOLENCE: It death was due to external causes, fill to the following:	atistically.	
Cemetery or cremate	Green H	Date thereof 9/11/46 (mouth) (day) (year) ill Ceme	Accident, suicide, or homicide	(State)	
Location		burg, W. Va.	injured at home, farm, industry, public place (where?)		
1B. Fuoeral director	WM. J. T	ICKNER & SONS	Means of Injury Injured at work?	X	
Address	Balto.,		D. Walter Spurrey M	(4)	
19. 9/10/ (Ogto rec'd by re	4619	A. W. Kedrich	Address 3603 Edwardsun Ofe Date signed	other 9/4/06.	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d)

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51114	1 66	Reg. Diat. No. 30

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State Maryland County Raltimore City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred: Carter Nursing Home, Catonsville, Md. How long in hospital or institution? Two months	Street No. 3047 Brighton St. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME Loleta Noland Meyer	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	2D. DATE OF DEATH Sept 19th 1946, at 60.		
B.(b) Name of husband or wife Robert A. Meyer	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth dafe of	and that I last saw h & alive on Sef 19 4		
	Immediate cause of death		
8. AGE: Years Months Days If less than one day 75 8 10hrshrs.	Brancha Carrinania 244		
9. Birthplace Middleburg, Va. (Town, county, and state)	Due 160 de de facler 20 m/s		
10. Usual occupationHousewife	boype huser cardes vescular		
11. Industry or business	charte was had		
12. Name William Berkley Noland 13. Birthplace Middleburg, Va.	Other conditions		
[14. Maiden name Lucy C. Chinn	(Include pregnancy within 3 months of death) Major findings of operations		
A 15. Birthplace Middleburg, Va.	Dato of op.		
16. Informant Robert A. Meyer	Autopsy results		
Address 3047 Brighton St., Baltimore, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: tf death was due fo external causes, fill in the following:		
Burial (Burial, cremation, or removal. Which?) Date thereof. Sapt. 19. 1946. (month) (day) (year)			
Cemetery or crematory Sharon Cometery, Middleburg, Va.	Where did injury occur?		
Location	Injured at home, farm, industry, public place (where?)		
18. Funoral street ohn O. Mitchellylone one	Means of Injury Injured at work?		
Addres 1900 Butaw Prace	Har I Flee Sisielman		
a-19 11 Starre Of Yullen	23. SIGNATUBE M. D. or other		
19. 1940 A Registror	Address /2 & Beddly & Bate signed 9/19/46		



2411 N. Charles St., Baltimor		411 N	Charles	St.,	Baltimor
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CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

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1/2	4	
Reg. Dist.	No	

. / De74	hi maran		***************************************	(For newborn infants give residence of mother) State		
	of death?	62 days	URAL and give nearest town)			
Vets. Adı	n. Hospit	tal, Ft.	Howard, Maryland	Street No		
Now long in hospital o	r institution?	62 days		2.(a) If veteran, name war. WW II		
3. (a) FULL NAM					Social Security Number	
5. (a) FULL NAM				3. (0)		
	JAM	es edwari	MICKENS		CATION	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Colore	d	Warried	20. DATE OF DEATH September 25 19 46 21 8: 30 P. M		
6.(b) Name of husband	or wife	therine 1	Mickens25years	21. I CERTIFY that death occurred on the date above stated:	that I attended deceased from o.Sept. 25	
8. AGE: Year	s Months	Days	If less than one day	Pulmonary Tuberculosis		
25	7	21	hrsmln.			
11. Industry or busine	Unemplo	yed		Due to		
3. Birthplace V	est Virg	inia		Bither conditions. Amputation stump fore arm. (Include pregnancy within 3 months of		
10	Annie W Marylan			Major findings of operations.		
16. Intermant Cli	nical Re		tsAdmHosp	Actopsy resultsSubstantiatedabc PHYSICIAN: Please underline the easse to which death	should he charged statistically.	
17Bur	ial n, or removal. Wi	Date the	reof	22. VIOLENCE: If death was due to external causes, fill in Accident, suicide, or homicide	Date of	
			s Cemetery			
Location St	. Steve	ens, Howa	ard Co., Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director.		Les R.	Lawue	Physical Archert M. Co	Injured at work?	
19. (Date tec'd by	7/46.19		7. W. Hedresh Registrar	R. M. CULLISON, M.D.	. CLIN DIR	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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/	Reg. Dist. No.
1. PLACE OF DEATH: County 2 alto -19.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Exceptible Clara Morgas 4. Sex 5. Color or race 6. (a) Single married, widowed, or diverged	
Femsle Colored 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION 20. Date of Death 29 19 46 at 5 - M
8.(b) Name of husband or wife. 5.(c) If alive, give age year deceased (mo., day, yr.)	and thet I last saw h
8. AGE: Years Montes Days If less than one dayhrs	Immediate cause of death
9. Birthplace	Due to.
11. Industry or business	Due to
12. Name Therman Naverly Morgan 13. Birthpiace Culpepper · Wa .	Uther conditions
14. Malden name on gella Mal Frisky 15. Birthplace Balto . Mal	Major findings of nperatious
16. Informant Nougella Mongan:	Autopsy results
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory. W. C. Company Cens	Where did injury occur?
18. Funeral director Mrs. Plent a. Ellist Dyt	Means of injury Injured at work?
Address 1/3-9 n Carling Sh	23. SIGNATURE Deurs n. Gollie M. D. or other
19. (Date rec'd by registrar) Registrar	Address Afrancis Tout . Date signed 9/29/1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. C

Charles	St.,	Baltimore	93 d
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CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF BEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME John of Runn	3. (b) Social Security Number 220-01-0226
4. Sex 3. (a) Single, married, widowed, or divorced this widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH SESSION LEVEL 9. 46. 1 5:20 PM
6.(b) Name of husband or wife	21 I CPRTIFY that death occurred on the date above stated: that I strended decodes decoder from
7. Birth date of deceased (mo., day, yr.) See See See See See See See See See Se	and that I last saw h alive on Cugus 7 8 19 4 0 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days It less than one dayhrsmin.	Gotonary ouromores 15ML
9. 8irthplace	Due to Heart Disease 448.
11. Industry or business	Due to
12. Name	Dther conditions
14. Maiden name 200 200 200 200 200 200 200 200 200 20	(Include pregnancy within 3 months of death) Major findings of operations.
Day a trummer	Autopsy results
Address Glenary Wy'	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 (Burial, cremation, or remayal, Which?) (Burial, cremation, or remayal, Which?) (Burial, cremation, or remayal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Wangs Clister Cum	Where did injury occur? (City or town) (County) (State)
Location Security	Injured at home, tarm, industry, public place (where?)
18. Funeral director. Clause E. Chyffing	Means of Injury Anjured at work?
Sett 741 G. E. arthur	23 SIGNATURE TO M. D. or other
(Dyte rcc'd by registrar) Registrar	Address Date signed 7 1 1 2

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H UNEADING INK. Supply every item of information carefully. The co	ortant. Physicians: please write the causes of death elearly and legibly.
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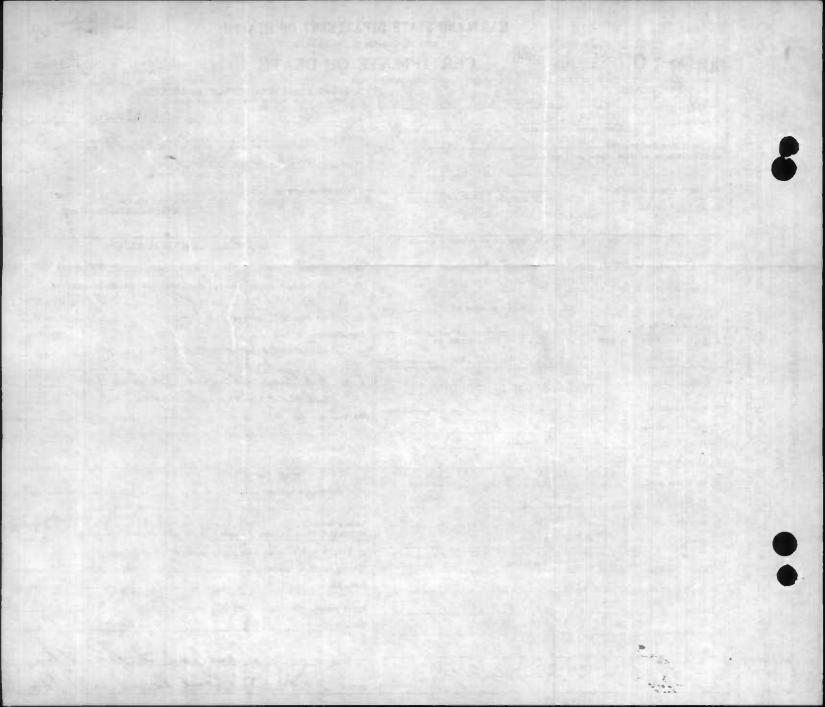
rect age

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH of deceased is shown on 1946

2411 N. Charles St., Baltimore (93%)

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US	(2) Sign	Fred

FILM No. 1	O I SLI 1	, , , , ,	CERTIFICA	Reg. Diat. No.
1. PLACE OF DE	B	altimo	re	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town		RURAL und give nearest town)	State County Cou	
	r street address where			Street No. Kenwood & McCornick (If rural, give LOCATION)
How long in hospital o	or Institution?			2.(a) If veteran, name war.
3. (a) FULL NAM	E Virgin	nia M 1	lingard	3. (b) Social Security Number
4. Sex	5. Color or race	b.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	white	wic	dowed	20. DATE DF DEATH
	Arthu	r C Nir	ngzwd	
6.(6) Name of husband	or wite	***************************************	c) If alive, give ageyea	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day,		1857		and that I last saw h. R. T. alive oo 9 4
8. AGE: Years		Days	I It less than one day	Immediate cause of death
66- 8	39 5		hrs,mi	Bronespneuwones
O Blathalasa	Virg.	inia		Due to Arlesias lavolia Cardia -
9. Birthplace	(Tuwn,	county, sud	state)	sacular dinare
1D. Usual occupation	••••••	at.	home	Docto
11. Industry or busines				008 (0
12. Name	James .	L Robin	nson Va	· Other conditions
-	Don't			(Include pregnancy within 8 months of death)
14. Maiden name.				Major fiudings of operations.
		Va		Bate of op.
	thur C Nin 1013 N Bro			Autopsy results
	urial		Sept 7 1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation		uate there	(mouth) (day) (year)	Accident, suicide, or homicide
	Mt Oliv	et	***************************************	Where did injury occur?
	Itimore Ma			total at the state of the state
	III I might L.	uneral	Home	Means of Injury Injured at work?
18. Funeral director	2008 Urle	ans St	200 200 248 200 200 28 200 200 200 200 200 200 200	
Address			4	23. SIGHATURE Christian F. Reelle
19. 9 6 4	4 19 Q.	21. 4	Nedrick Registra	M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlen St., Baltimore (476)

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
(If outside city or town limits, write RURAL and give nearest town)	Outsty	
How long in above place of dealth?	City or tows. Baltimore Highlands (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Sireet No. 3014 Illinois Ave.	
30,4 Illian aon	Sireet Ro. (If rural, give LOCATION)	
Now long in hospital or institution?	2.(o) If veteran, name war	
3. (a) FULL NAME Daniel Les O'Brien	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
mole white married -	20. DATE OF DEATH. Sept. 26 19:46, at 9:30 AM	
6.(6) Name of husband or wife. ElaW. O' Drian	21. I CERTIFY that death occurred on the date above stated; that I attended occeased from	
7. Birth date of	and their I last saw h Annualive on Sparing 1946	
deceased (mo., day, yr.) aug. 7- 1875		
8. AGE: Years Months Days It less than one day 19min.	Immediate cause of death Secular Dissess 3 days	
9. Birthplace Baltimon and. (Town, county, and state)	Due to	
7 (-d. 4 11/27 ch		
IB. Usual occupation	Duo to	
11. Industry or business Bank - O'S riem	Other conditions Causes of Laryon 6 wo	
12. Hame Vacar O'S rieu 13. Birthplace Balto. Md.	8	
	(Include pregnancy within 3 months of death)	
	Major findings of operations	
2 15. Birthplace Balto., Md.	Date of op.	
18. Informant Mrs. Ella W. O'Brien	Antopsy results.	
Address 3014 Illinois Ave., Balto. Hglnds	PHYSICIAN: Please underline the cases to which death should be charged statistically.	
	22. VIOLENCE: It death was due to external causes, till in the following:	
Burial Bartel 9/30/46 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory Loudon Park Com.	Where did injury occur?	
Balto., Md.	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director WM. J. TICKNER & SONS	Means of Injury Injured at work?	
Address Balto. , Md.	01 8 R-00 () 35	
2 2 3 (16/20/Was	23 SIGNATURE Chas. R. Ball M. D. or other	
19. Oate ree'd by registrar) Registrar	States Lintlican - Date signed 9-26-46	
hand the my continued	Madiace Messessessessessessessessessessessessess	

V. S. No. 1

PLACE OF DEATH County Balto.	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Inches (No. 2	Registration Dist. No. Registration Dist. No. Ward) (If death occurred in a hospital or institu-
2 FULL NAME Blaf & low	tion wive its NAME in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wiloweb. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 22, 19246 9 (Month) 22 (Day) (Year) 4
6 DATE OF BIRTH Max. 1889 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decase from 192/(. to
7 AGE	The state of the s
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Z yrs. 3 mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Durstion) (Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of deathyrsmosds. Where was disease contracted,
(Informant) Structoffer Christofferse (Address) /27 1. Structoff	if not at place of dea.h?
Filed 9 - 24 1924 Segistrar If more brankford nebded, address Stata Registrar	of UNDERTAKER ADDRESS Affered 2 334 Jeffered 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, laborer, Never return "Laborer," "Foreman," "Manager," Spinner, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planler, Foreman, For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman, At Home, and children, without more precise specification as Day who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. not gainfully em-6 Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Uraemia," "Weakness," etc., when a definite disease "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic valvular heart disease; etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

CERTIFICATE OF DEATH

t 25

CERTIFICAL	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 7014 Windsor Mill Road (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Edward L. Oursler	3. (b) Social Security Number 212-05-5974
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH September 29 19 46 at 9.45 A m
8.(6) Name of husband or wife Clara May Oursler 6.(c) It alive, give age 59 years 7. Birth dale of deceased (mo., day, yr.) August 27, 1881 8. AGE: Years Months Days If less than one day 65 1 2 hrs. min. 9. Birthplace Carroll County, Md. (Town, county, and state) 10. Usual occupation Lineman 11. Industry or business Consol. Gas & Flec. Co.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46. to
12. Name Thomas F. Oursler 13. Birthplace Carroll County, Md. 14. Malden name Harriett M. Monroe 15. Birthplace Carroll County, Md. 16. Informant Mrs. Edward L. Oursler Address 7014 Windsor Mill Road 17. Burial Date thereof Oct. 2.1946 (gronth) (day) (year) Cemetery or crematory Mrs. Olive Cemetery	Other conditions
Location Report Md. 18. Funera director Address 4510 Liberty Heights Ave. 19. (Date rec's by registrar) 19. Registrar Registrar	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work? 23. SIGNATURE M. D. or other Address, 4509 Liberty Hets Ave. Date signed

VS Af5

MARYLAND STATE DEPARTMENT OF HEALTH

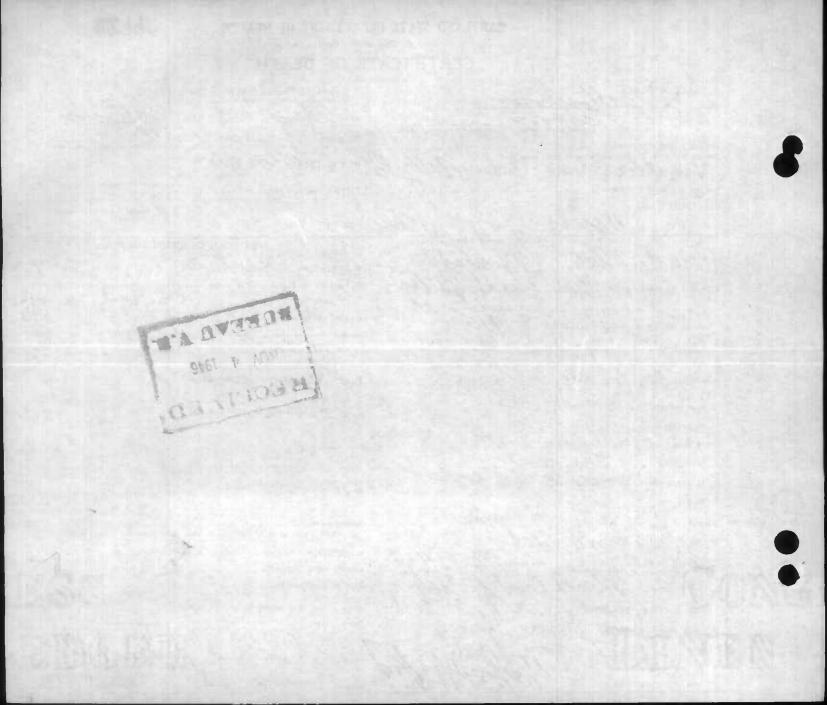
2411 N. Charles St., Baltimore 93-D

CERTIFICATE OF DEATH

08826

Reg. Dist. No.

1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants orderesidence of mother) State
Hospital, Institution, or street address where death occurred: Hanuptor Finance Juliancy Jally B	Street No. JUSTAN ANC. (1f rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME anna fon Park	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Shigle, ovarried, wildowed, of divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH SOJA 30 1946 AL 9 P. M
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that Ifallended deceased from
7. Birth date of deceased (mo., day, yr.) Fifthcasy 8, 1915	and that I last saw her alive on Sefet 27 1946
8. AGE: Years Months Bays If less than one day	Immediate care of death All All All All All All All All All Al
9. Birthplace Mileler will Marginia (Town, county, and place)	Due to Chronie nijocarditis 142
10. Usual occupation. At House	Due to Asllina, broudual 4 yr +
12. Name 18. SM Clysten Caster. 13. Birthplace Tennessee	Other conditions
E 14. Maiden name Jauls R. Hartsock	(Include pregnancy within 3 months of death) Major findings of operations
2 15. Birthplace Jusquia	
15. Informant Alleghason S. Masles	Autopsy results
11. Buttal, cremation, or removal. Which?) Date thereot. Charter (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowlog; Accident, suicide, or homicide
Cemetery or crematory Maye Mafelf Osas:	Where did injury occur?
Location Turinguigash Ballo Con Mills.	Injured at home, farm, industry, public place (where?)
18. Funeral director John Busine Salle	Means of Injury Injured at work?
Address Town if Allay of	23. SIGNATURE Golling Hudson Mrs.
19. Oak 3 19 46 (Dato rec'd by registrar) Begistrar	Address Towsen led Date signed / 146



CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

08827

Rev. Dist. No. 30

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1	1	10	ja.	ŀ	TP
	100	bui	150		1
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information carefull. The ed death clearly and legibly. every item of i Physicians: please WITH UNF important.

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, is especially

VS A15

3. (a) FULL NAM	Henry P	arsone	
4. Sex	5. Color or race		a marriad widowad or divorced
male	white	6.(a) Single, married, widowed, or divorced married	
5.(b) Name of husband	or wifeH	enriett	a Callender
7. Birth date of		6.(c) If alive, give ageyear
deceased (mo., day.)	yr.) 1864		
8. AGE: Years	s Months	Days	If less than one day
83	2 ?	?	
O. Usual occupation 1, Industry or busines	s ?	***************************************	
12. Name	0		
12. Name	?		
	?	al reco	rds
	? ? Hospita	al reco	
Address Burial	? ? Hospite Catons	Date ther	8, Md.

9-23 1943 Sarry Hill

Catonsvile
(If outside city or town limits, write RUKAL and give nearest town)

Now long in above place of death? 40 yrs., 29 days

1. PLACE OF DEATH: Baltimore

2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
State Maryland cour		*********
City or town	, write RURAL and giva near	rest town)
Street No.	***************************************	*********
(If rural, give		
2.(a) If veteran, name war		
	3. (b) Social Security 1	Number
MEDICAL CE 20. DATE DE DEATHS.ptember12	ERTIFICATION	
21. I CERTIFY that death occurred on the date above. August 14 19. Cand that I last saw h 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ve stated; that I attended decea	r121946
Immediate cause of death		DURATION
Cerebral thrombosis		indefinit
	1 - TOPE - AT - 4 TOPE - AND - NOTE - AND	
Due to	***************************************	***************************************
,		***************************************
Other conditions		
(Include a new page with in 9 mg	anths of death)	

Autopsy resultsas above

Registrar

Dudae trest

23. SIGNATURE Isadore Tuerk, M.D.

M. D. or other

Injured at work?

Address Catonsville-28, Md. Date signed 9-23-46



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

	Reg. Disc. 110
1. PLACE OF DEATH: Sellance	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infacts give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County Joseph
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 305 21 ODeschwood Cere
How long in hospitat or institution?	(If rural, give LOCATION)
3. (a) FULL NAME Seves albert Ray	Seus Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male Whale Andorral	MEDICAL CERTIFICATION 8-30 20. DATE OF DEATH SEAL, 26 19 46 au A
6.(b) Name of husband or wife Many	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deserged (mg. day v.) Que 31. 8173	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
13 = 26min.	Due to.
9. Birthplace (Sown, county, and state) 10. Usual occupation of Authority and State)	0
11. Industry or business	Due to
12. Hame Daniel W Fackens from	other conditions.
13. Birthplace John and	(Include pregnancy within 3 months of death)
14. Maiden 12 Janeir Scharff	Major findings of operations
16. Intomoses Henry (Pacherher) es	Autopsy results.
Address 305 W Quella Sur Care	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17(Burial, cremation, or removal. Which?) Date thereof (honth) (day) (year)	VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location OS allers re Ind	tnjured at home, farm, industry, public place (where?)
1B. Funeral director Sunger Comments	Means of Injury Injured at work? Acas Mary
Address 6 stone velle Mit	23 SIGNATURE Ser Smile Ster Elou & But
19. 9-28- 1946 Harry of Muller (Date rec'd by registrar)	Address 1010 Leede and Date signed 9. 26.44



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

U8829 Reg. Dist. No.,

ma

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County Dallaman	Sizie Marshand County Palternose
City or towo. (If outside city or town limits, write RURAL and give nearest town)	City or fown Overling
Aow long in above place of death?	(If outside car or town limits, write RURAL and give nearest town)
nosynat, mentalion, or elect addition metal actin occurred.	Sireet No. // (If rural, give LOCATION)
How long In hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Julius A. Re	ppicer.
4. Sex 5. Color or race (\$\(\alpha\)(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Manied	20. DATE OF DEATH SUST 18 1546 215:70 M
6. (b) Name of husband or wife Manue Russpurger	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 19.44, to Laget 18 19.46
7. Birth date of deceased (mo., day, yr.) March 26, 1890	and that I last saw h Lang. alive on Sent 19 96
8. AGE: Years Months Days If less than one day	Immediate cause of death
56 5 22nrsmin.	fulm Edema 8 hrs
8. Birthplace Baltimene 6. Md	Bue to Hypertensive Cardia Byles.
(Town, county, and state)	Macula dipease
	Due to Essential hypertension
11. Industry or business 12. Name Cornact Rispurces	
12. Name COMIGN VIPPLING	Other conditions Conditions Conditions
Mil 13. Birinpiace	(include pregnancy within 8 months of death)
14. Malden name Softma Viavico	Major findings of operations.
El 15. Birthplace Lemmony	Bate of op
16. Informant No flamie Replants	Autopsy results.
Address /// Leslie ave	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17 Burial Bate thereof Stat 21,1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remove), Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Congate Mos	Injured et home, farm, industry, public place (where?)
18. Funeral director Allegis Gunual Home	Means of injury Injured at work?
Address Zog & Chleansoft	The Feller mp
10 900 10 X Lety Hedre	M. D. or other
(Date rec'd by registrar)	Address Kidle load - Part - Bata signed 9/18/46.

town limits, write RURAL and give nearest town)

3. (b) Social Security Number

M. D. or other

9-15-46

/	CERTIFICAT	TE OF DEATH	Reg. Di
1. PLACE OF DEATH: County	write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m StateMaryland	write RURAL Ret
JOHN E RITTENHOI	(IRE 6.(a)Single, married, widowed, or divorced		
	Widower	MEDICAL CE	
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above September2	e stated; that I d 16, toSe ember 14
8. AGE: Years Months	Days If less than one day	Immediate cause of death	
9. BirthplaceBaltimore,		Due to Nephritis, Chronic	
12. Name Nicholas Ritter Y 13. Birthplace Pennsylvania	house setter	Other conditions Ulcer, Peptic Anemia, seconds (Include pregnancy within 3 me	
14. Maiden nameEmmaOmmens 15. Birthplace Pennsylvani		Major fiedings of operations.	
16. Informant Clinical Record	ds, Vets.Adm.Hosp.	Actorsy results	
Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Private	Date thereof. A London London Park	22. VIOLENCE: It death was due to external cause Accident, suicide, or homicide	0
Location Baltimon	re, Maryland	Injured at home, tarm, industry, public place (whe	
18. Funeral director John O.Mi	tchell & Sons	Means of injury Robus Ra Ma CULLISON	Injured W. D.
19. 9/66 19. (Daterec'd by registrar)	S.W. Hedrack	VA Fort Howard Me	

MARGIN RESERVED FOR BINDING

CAL CERTIFICATION mber 7/1 19/16 11 9:25 PM the date above stated: that I attended deceased from 19.46 to September 1419 46... on September 11 DURATION 9 days Chronic vrs pls entic secondary
ey within 3 months of death) caose to which death should be charged statistically. o external causes, fill in the toliowing: (State) ty or town) (County) lic place (where?) Injured at work? ULLISON, M.D. CLIN. DIR.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

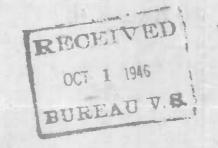
2411 N. Charles St., Baltimore 92-0

CERTIFICATE OF DEATH

08831

		24	-
Reg.	Dist.	No. 30	

	Reg. Dist. No.
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
D LJ	State/Mary Land County Sal Timore
(If outside city or town limits, write RURAL and give nearest town)	City or town Park Ton.
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nesrest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George W. Koach	e
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed.	20. DATE OF DEATH September 23, 19 46, 21 7:00 AM
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Kodche	19 40 10 Syst 23 19 46
7. Birth date of deceased (mo., day, yr.) June 21. 1.860	and that I last saw harmalive on 19.
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
8.6 3 2,	
9. Birthplace Parkton, Balto, Co. Md.	Que to Chronic Sahrular 10 gras
(Town, county, and state)	huart disease
10. Usual occupation	Due to
11. Industry or business Own Tarm.	
12. Name Jesse Roache.	Other conditions
	(Include pregnancy within 8 months of denth)
14. Maiden name 2 3 1/1 M 3 CO PES.	Major findings of operations
15. Birthplace	major undings of operations. Dale of op.
16. Informant Mrs. Thomas Armacost	Antopsy results.
Address Parkton, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 C . + 15 1011	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cametery or crematory	Where did injury occur?
Location Parkton, Md. R.D.	Injured at home, farm, industry, public place (where?)
18. Funeral direction Secolo Hartenstein	Meens of Injury Injured at work?
Address Prew Fireedom, V.	a. Frihur Boston In W.
See 23 146 Coliste & Ford	23. SIGNATURE. M. D. or other
(Date rec'd by registrar) Registrar	Address Phile Hall Date signed 123



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Diat. No...

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Selling County County (If outside city or town limits, write RURAL and give nearest town) Street No. County County County (If outside city or town limits, write RURAL and give nearest town) 2.(a) If veteran, name war.
3. (a) FULL NAME Joseph Walter Scatt	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from 19. to 9-10-19. and that I last saw have alive on 9-10-19. Immediate cause of death DURATION DURATION Due to DURATION
10. Usual occupation. 11. Industry or business 12. Name	Due to
16. Informant Scott Address Stateselle Manyland 17. Burland Bate thereof (month) (day) (year)	Antopsy results
Cemetery or crematory Location Balto Co mad B. Funeral director Location Comparison Bandan Bandan Bandan Bandan	Where did injury occur?
Address 9-13 19. (Date rec'd by registrar) Address Sparles, 7112 Call of	23. SIGNATURE M. D. or other Address Pleate State July 6.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4

CERTIF

08833

TE OF	DEATH	R	og. Dist. No	26
2. USUA	L RESIDENCE (HO	ME) OF DECEA	SED:	
	newborn infants give resi	County	Baltimo	re
City or tow	Floral (If outside city or to Ingles	Park wn limits, write Ri ide Ave iral, give LOCATIO	• 9	rest town)
2.(a) It vei	teran, name war		•••••••	
****		3. (b)	Social Security	Number
	MEDIC	AL CERTIF	CATION	
20, OATE OF	OEATH Septe	mber 29	19.46	2.20
J.	FY that death occurred on the	19.44	Sept.0	11
Immediate	cause of death	-		DURATION 24 As
	nyocard		emater	2
	1	selva		20
Due to	arterial	7 . / 4	Court of	10yr
Other condi	(Include pregnancy	thin 3 months of	death)	(.)
Major findi	ings of operations	no	kuatus	Da.,,
Autopsy re PHYSICIA	sults Zw Qu N: Please underline the car	LUNSON		statistically.
22. VIOLE	NCE: It death was due to ex	ternal causes, till in	the following:	
	njury occur?			

(Clty or town) (County) (State) injured at home, tarm, industry, public place (where?)

tniured at work? Means of injury

9 22	SIGNATURE DO LA	wa Ha	rmacost
20.	16/10/11	1 - 00.	M. D. or other

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. important. WRITE PLAINLY, is especially

1. PLACE OF DEATH:

How long in above place of death?....

How long in hospital or institution?..

3. (a) FULL NAME

6.(b) Name of husband or wite

deceased (mo., day, yr.)

Years

82

County ...

4. Sex

Male

7. Birth date of

9. Birthplace.

10. Usual occupation... 11. Industry or business

12, Name

14. Maiden na 15. Birthplace

16. Informant.

Address

Location

Address

18. Funeral director

13. Birthplace

14. Malden name

Cemetery or crematory

8. AGE:

Baltimore

Mospilal, Institution, or street address where death occurred:

5. Color or race

White

Months

July

Unemployed

Md.

·Md . Mr. Lloyd E. Sakers

Lorraine Park

Woodlawn, Md.

Ingleside Ave.,

Burial (Burial, cremation, or removal, Which?)

Floral Park

(If outside city or town limits, write RURAL and give nearest to

John Roberts Sears

Days

Queen Anne Co., Md.
(Town, county, and state)

William Thomas Sears

Date thereot

W. North Ave.

Elizabeth E. Crier

6.(a) Single, married, widowed, or divorced

Single

25. 1864

.6.(c) It alive, give age ...

If less than one day

(month) (day) (ye

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6-

CERTIFICATE OF DEATH

Reg. Dist. No. 32

men

1. PLACE OF DEATH: County Baltimore City or fown. Mount Wilson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? O. yrs., O. mos., 2 days Hospital, institution, or street address where death occurred Mt. Wilson Branch, Md. Tuberculosis Sanatorium How long in hospital or institution? O. yrs., O. mos., 2 days 3. (a) FULL NAME Mrs. Grace Virginia Sextor 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Female White Married	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
8.(b) Name of husband or wife Thomas W. Sexton 7. Birth date of deceased (mo., day, yr.) Baltimore, Maryland	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 11, 19.46 and that I last saw h.er. alive on September 13, 19.46
8. AGE: Years Months Days It less than one day 25 0 1	Immediate cause of death DURATION 9 Mos.
9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business 12. Name William Trigger	Due to Tubercle Bacilli Due to Unknow
13. Birthplace Baltimore, Maryland 14. Malden name Lula Harris 15. Birthplace Baltimore, Maryland	Myocardial Insufficiency Unknow (Include pregnancy within 8 months of death) Major findings of operations. No operation Bate of op.
18. Informant Thomas W. Sexton Address 4934 Pennington Ave., Balto., Md. 17. Burial Bate thereof Sept. 16,194 (Burial, eremation, or removal. Which?) Bate thereof Sept. 16,194	Aulopsy results. PHYSTCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Holy Cross Cemetery Location Anne Arundel Co., Maryland 18. Funeral director John F. Denny Address Light & Montgomery Sts., Balto., J	Where did Injury occur?
19. Sept. 13. 19.46 Earl 7. Webler (Date red'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Mount Wilson, Md. Bate signed 9/13/46

9-16-46

Recd

MARGIN RESERVED FOR BINDING

SEP 17 1946 BURLAU V.B.

9-45.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. I'n is especially important. Physicians: please write the causes of death clearly and legib

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 28

CERTIFICATE OF DEATH

/			02111110111	2 0. 22	Reg. Dist. 140.
LACE OF DE	ATH:	nt.rv		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
"LACE OF DEATH: Baltimore Country Fort Howard, Maryland		State Maryland County			
City or town		City or town. Boltimore. Id. (If outside city or town limits,			
How long in above place Hospital, institution, or	street address where d	eath occurred:		Street No. 7362 W. Lexingto	on St., Balto-23-Md.
			pital, Ft. Howard	Md . (If rural, give I	LOCATION)
			* * * * * * * * * * * * * * * * * * * *	2.(a) If veteran, name warWW I	4
3. (a) FULL NAM	E				3. (b) Social Security Number
SHIELDS.	Clarence R				719-14-6587
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION
male	colored	Marr	ied		19.46 a16 + OOA
8 (h) Nome of husband	or wite Hazel	Shield	S	21. I CERTIFY that death occurred on the date abov	e stated; that I attended deceased from
G,(O) Name of moseme) If alive, give age26years	19	, to
7. Birth date of	7/1/0	7) II allie gire age		10 / 18
deceased (mo., day,		Days	It less than one day	Immediate cause of death BRONGH-IAI	
8. AGE: Years]	27		BILATERAL	8 days
		Pro 1	hrs min.	Other Conditions	10
9. Birthplace(Town, county, and state)		Malarial fever qu	artan about 4 wks		
an it is a second to	Unemploye			Constitution and I make	the second of th
11. Industry or busines				Spastic paralysis	mined 10 mos.
	eceased			Other conditions.	822
	deceased			(Include pregnancy within 3 m	nonths of death)
14. Maiden name 15. Birthplace				Major findings of operations	
					Date of op
	nical Recor			Antopsy results	ich death should be charged statistically.
Address	s. Adm. For	t Howa	rd, Maryland		
. Rurial		Bata ther	9/ 4.4/2	22. VIOLENCE: If death was due to external cause	
	n, or removal. Which?)		eof (month) (say) (year)	Accident, suicide, or homicide	
Cemetery or crematory Baltimore National Cemetery		Where did injury occur?(City or town)	(County) (State)		
Baltimore, Maryland		Injured at home, farm, industry, public place (wh	nere?)		
Chanles A Town		Msans of injury	Injured at work?		
18. Funeral director Charles A. Law			0 00		
Address 802 Madison Ave, Balto, Md.		23. SIGNATURE / Solver !!	1 Cullison		
10 9-	3 4	0	da June	M.M. CULLISON, M.D.	Clinical Director
(Date rec'd by r	egistrar)		Registrar	Address V.A. Hospital, Ft	. a. II O. W.C. A. Wagle signed

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	,
10000	01
10000	A.
leg. Dist. No.	

I. PLACE OF DEATH: Balto. County Woodlawn (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, inslitution, or street address where death occurred: Colonial Rd. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md • County Balto • City or iown Woodlawn (If outside city or town limits, write RURAL and give nearest town) Street No. Colonial Rd • (If roral, give LOCATION) Z(a) If veteran, name war. Spanish American War
3. (a) FULL NAME	3. (b) Social Security Number
FREDERICK G. SIPES	none
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION Sept. 14, 4:35p
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that fartended deceased from 24. I CERTIFY that death occurred on the date above stated; that fartended deceased from 19.46. 24. I CERTIFY that death occurred on the date above stated; that fartended deceased from 19.46. 21. I CERTIFY that death occurred on the date above stated; that fartended deceased from 19.46.
deceased (mo., day, yr.) Dec. 22, 1873	Immediate canse of death DURATION
8. AGE: Years Months Days If less than one day	Chronic vabrular herr des
9. Birthplace	Oue to
12. Name John W. Sipes 13. Birthplace Balto. Co., Md.	Other conditions
14. Malden name. Victorine Gordshell 15. 8irthplace Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Mrs. Bertha Sipes Colonial Rd., Woodlawn 7, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof 9/17/46 (Burlal, cremation, or removal, Which?) Cemetery or crematory. Balto. National Cem.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Balto., Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. WM. J. TICKNER & SONS	Maans of Injury Injured all work?
Address / Balto., Md.	Emat W. Ralin M. D
19	23. SIGNATURE M. D. or other Address 735 Pp Tr St Date signed 9/16/46

1. PLACE OF DEATH:

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1572

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME	OF DECEASED:
TE OF DEATH	Reg. Dist. No.
es St., Daitimore (17/05)	10001

County Baltimore	(For newborn infants give residence of mother)		
	State		
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2.1/2 hours	City or townBaltimore(If outside city or town limits, write RURAL and give nearest town)		
Hospilal, Institution, or street address where death occurred:	street No. 13/19 Stock Land Street		
Vets. Adm. Hospital, Ft. Howard, Maryland	(If rural, give LOCATION)		
How long In hospilal or Institution?21/2hours	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Married	20. DATE OF DEATH September 18		
6.(b) Name of husband or wife	21. I CERTIFY that dealh occurred on the date above stated; that I attended deceased from Sept. 18 19 46. and that I last eaw himalive on September 18 19 46.		
deceased (mo., day, yr.) 12-3-1903 R AGE- Years Months Days It less than one day	Immediate cause of death		
6. AGE.	Rupture of Congenital aneurysm of		
42 9 15hrs. min.	right anterior cerebral artery 10 Hrs		
9. BirthplaceSouth Carolina (Town, county, and state) 10. Usual occupationLaborer 11. Industry or business	Due to		
12. Name Unknown 11	Other conditions Hypertension		
ac II-landson	(Include pregnancy within 3 months of death)		
14. Maiden name	Major findings of operations.		
15. Birthplace tf	Date of op		
16. Informant Clinical Records, Vets.Adm. Hosp. Address Fort Howard, Maryland	Autopsy resultsSubstantiated above. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial Bate thereof (month) (day) (year)	22. VtOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide		
Cemetery or crematory Baltimore National Cemetery	Where did Injury occur?		
Location Baltimore, Md.	Injured at home, farm, industry, public place (where?)		
	Means of Injury . Injured at work?		
18. Funeral director Nm. A. Jackson	aws On in One .		
Address 916 Penn. Ave., Balto., Md.	3 SIGNATURE Would My Cullison		
19. (Date Fee'll by registrar) 19. V6 Aeduc	R. M. CULLISON, M.D. CLIN. M. B. DOROSCHOR Address V. A. Ft. Howard, Md. Date signed 9-19-16		

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VS 150

The state of the	BALTIMORE CITY HEALTH DEPARTMENT
Z. P. STANIS	CERTIFICATE OF DEATH
/	OLIVIII TOLICATION OF BEATTING

1885-9A28dd

200		G神社会生
	Registered	No. :

1. PLACE Of DEATH: (a) Baltimore Given Maryland	2. USUAL RESIDENCE OF DECEASED:	11
(b) Street address +311 / Conwood an	(a) State (b) County.	2,1
(c) Hospital or institution:	(c) City or town Balto	
	(If outside city or town limits, write RURA	Land give town)
***************************************	(d) Street No. 4-311 / Cunwood	Lane
(d) Length of stay in hospital or inst. (yrs., mos., or days).	(If rural give location)	***************************************
(e) Length of stay in Baltimore (yrs., mos., or days)		(Yes or No)
(e) Length of stay in Daitimore (yrs., mos., or days)	If yes, name country	
3 (a) FULL NAME John Stephen	Iny dir	1 7 1 1 N
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	onel House
No.215-01-1020	20. DATE OF DEATH SEPT. 28 1946	Duch.
4. Sex 5. Color or race 6 (a) Single, married, widewed or		, at M
hale white dissorted he are	21. I certify that death occurred on the date above state	d; that lattend-
	ed deceased from SEPT 28 1946, to SEA	128 1976
6 (b) Name of husband or wife	and that I last saw h walive on Sept. 28 19	46
6 (c) If alive, give age years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) how 26	Coronare Occlesion	lulcanow
8. AGE: Years Months Days If less than one day		
hr. 60 min.	Due to	
	The state of the s	
9. Birthplace 02 acco	7	
10. Usual Occupation (Town, county, and state)	Due to	
11. Industry or business		
e de la Colonia	Other Conditions	
12. Name Muchalles Injacer	(Include pregnancy within 8 months of death)	PHYS!CIAN
2 13. Birthplace Ballo will	Date of operation	
	Major findings of operation:	Underline the
H 14. Maiden Nam Chan Rauback		death should be
15. Birthplace	of autopsy:	charged statis-
16 (a) Informanting Theanin Dingder	22. If death was due to external causes, fill in the following	
(b) Address 43/1 / Convocal alfr	(a) Accident, suicide, or homicide	
B. C. Tloub	(b) Date of occurrenceat	M
(Burial, cremation, or removal) (month) (day) (wear)	(c) Where did injury occur?	.,
(c) Cemetery or crematory Trovel and Pk	(City or town) (Coun	
	(d) Did injury occur about home, on farm, industrial p	
Location	place? While at work	.?
18 (a) Funeral director State of State		
(b) Address 3001 / Centucky av	(e) Means of injury	
- O AO AO	23. Signature	23 D.
19 (a)	Add 6232 Deleir Road D.	JSep7 29,194.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08838

Reg. Dist. No. 3

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore City or town Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 Year, 11 months, 17 days Hospital, Institution, or street address where death occurred: Spring crove State Hospital				Slate Maryland County St. Mary's City or town Leonardtown (If outside city or town limits, write RURAL and give nearest town)		
			spital	Street No	/	
How long in hospital or institution?				2.(a) If veteran, name war		
3. (a) FULL NAM		rles Sy	peith	3. (b) Social Security	Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced widowed				MEDICAL CERTIFICATION 20. DATE OF DEATHSeptember. 28	.atl.e35p.N	
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from October 11		
				Immediate cause of death.		
8. AGE: Year		Oays	If less than one day	Gangrene of the right foot, 98		
8	6 4	1	hrsmln.	sepsis	l week	
9. Birthplace Clave land Ohio (Town, county, and state) 10. Usual occupation Sawmill work				Generalized arterioscleresis Oue to	Indefinite	
11. Industry or business Sawmi 11				3.7		
12. Name John G. Speith 13. Birthplace Germany				Other conditions (Include pregnancy within 3 months of death)		
			lenth	Major findings of operations		
				Autopsy results. as above		
16. Informant	4		ords.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Cemetery or crema	ial n, or removal. Which? sory Spring	Oate then	-28, Maryland Oct. 9, 1946 (month) (day) (year) State Hospital	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)	
			ryland ata Hospital	Means of Injury Injured at work?		
	B 19 44		aryland yeller	23. SIGNATURE Landore Tuerk, M.D. M.D. Address Catonsville-28, Md. Date signed.		



FLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52-01

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For the whorn in fights give feeldence of mother)
County & Splitter MACU fiff	Marilland L. L. Demas .
City or town(If outside city or town limits, write RURAL and give nearest town)	State of Management County De County
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	
	Street No
How leng in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Serman St. Spincer	2/2-10-7495
4. Synale 5. Color of race 6.(a) Single married, widowed, or divorced	20. DATE DE DEATH SEPTEMBLE 20. DATE DE DESTRUCTION DE LA CERTIFICATION DE LA CERTIFIC
6.(b) Name of husband or wife A HOMMAL NAMED	21. I CERTIFY that death occurred on the date above stated, that I attended deceased from
7. Birth date of	and that I last saw h him alive on 9/2/ 19 46
deceased (mo., day. yr.) WWW)-1890	Immediate cause of death
8. AGE: Years Months Days It less than one day	Caremona; primal- 141
06 10 10 hrs	ryin kidneyle (General)
9. Birthplace. Town, county, and side)	Due & Jan My Aro nephroma 1 yr.
10. Usual occupation. The state of Colons of Colons	Due 10.5
11. industry or business Drywn Corp V Neal	
# 12. Name + Mys Namier	Other conditions
13. Birthplace Manuland	
	(Include pregnancy within 3 months of death)
14. Mailien name // ONA O DOMO	Major findings of operations I had all the Mass languages
15. Birthplace / May May	Date of op Many 20/46
16. Interment / NO A SCOMMING NORMALLY	Autopsy results
Address Portrainmille (Maysma)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(2401A)	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burial, cremation, or romoyal, Wifich?)	Accident, suicide, or homicide
Cemetery or ocematory / Leader Wildel / Lander Valle	Where did injury occur?
Ma trail o acc	
Location / MUMMON /	Injured at home, farm, industry, public place (where?)
18. Funeral director A MUGEL FURNISH NOME	Means of injury Injured 21 work?
Address 3/23/ Folls Donal	Walnum & Bu Mark
9/22/1/2 12/1/2 1	23. SIGNATURE M.D. or other
19. 1/4 2/46 19 U.V. Clearett	Crepensonle Mil man Blat Ho

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF I	ARYLAND STATE	DEPARTMENT	OF	HEALT
--------------------------------	---------------	------------	----	-------

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg, Dist. No.

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County 4		
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)	City or town Baltimore		
How long in above place of death?			
	Street No		
How long in hospital or Institution? 4 days	2.(a) It veteran, name war.		
3.(a) FULL NAME	3. (b) Social Security Nur	mber	
Cholicin 100 paramet 30000	RICHARD STARKEY) 215-0	1-4330	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE DF DEATHSeptember 28	9:12 P.	
6.(b) Name of husband or wife X	21. I CERTIFY that death occurred on the date above stated; that I attended deceased		
7. Birth date of (Appl. Appl.	September 24 1946 to Sept. 28		
7. Birth date of deceased (mo., day, yr.) 6/28/1911	and that I last saw him alive on September 28 Immediate cause of death CAREBRAL EDEMA		
8. AGE: Years Months Days It less than one day	Immediate cause of death	DURATION	
35 3 0hrsmin.		days	
9. BirthplaceBaltimore Manyland	Due to.		
10. Usual occupationJournalist			
	Due to		
11. Industry or business			
	Dther conditions		
13. Birthplace Baltimore, Maryland	(Include pregnancy within 3 months of death)		
14. Maiden name Ellen Pope 15. Birthplace Baltimore, Maryland	Major findings of operations INCREASEDINTRACRANIALI	PRESSURE.	
El 15. Birthplace Baltimore, Maryland	Date of op		
16. Informant	Actorsy resultsSUBSTANTIATED AS ABOVE PHYSICIAN: Please poderline the cause to which death should be charged stat	istically.	
Address Fort Howard, Maryland	22. VIOLENCE: It death was due to external causes, till in the following;		
17. Burial Date thereot 10/2/46 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory. Parkwood remetery Reltimore Maryland	Where did injury occur?	itate)	
Dalvimore, mary rain	Injured at home, tarm, Industry, public place (where?)		
Location	Means of Injury Injured at work?		
18. Funeral directorH. Sander & Sons., Ind.	ma		
Address North Ave., and Broadway, Balto, Md.	23. SIGNATURE () DAYS	^	
19 10/1 18×6 A.W. Hadirel	ayramed. En all. Jaco M. C.D.		
(Date rec'd by registrar) Registrar	Address Date signed	J. M. J. J. J.	

VS A15

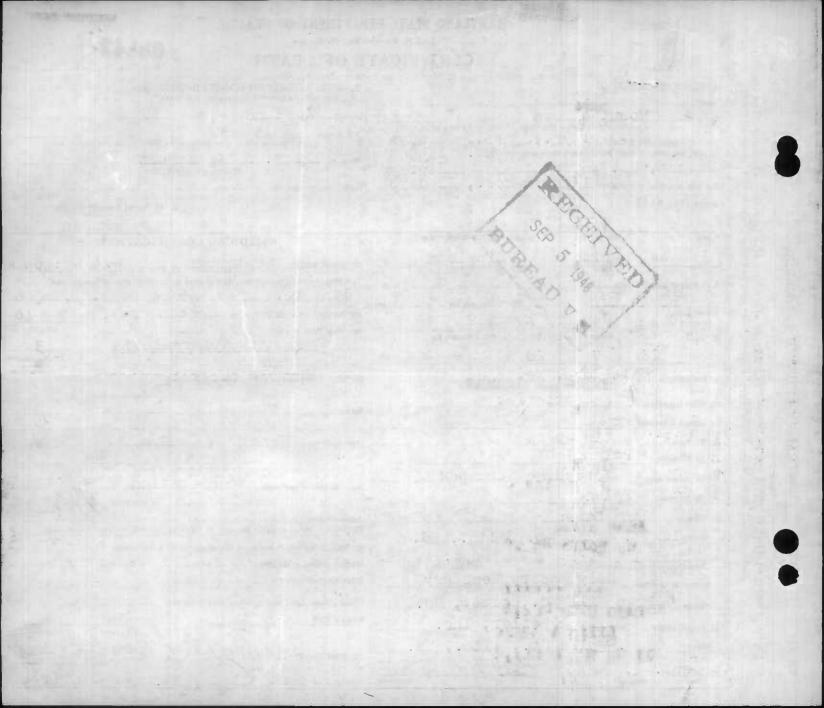
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: Baltimore		2. USUAL RESIDENCE (HOME) OF DEC (For newborn infants give residence of mother	CEASED:			
		State. Maryland County				
City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town)		Baltimore	•••••••••••••••••••	**********************		
How long in above place	How long in above place of death? 1 yr. 2 mos. 21 days Nospital, institution, or street address where death occurred: Mt. Wilson		City or town Baltimore (If outside city or town limits, write			
			sis Sanatorium	Street No. 122 S. Wolfe Str	eet	
			nos, 21 days	(If rural, give LOCA	1/	
3. (a) FULL NAM		**	www.m.gku.hu	2.(a) If veteran, name war		
3. (a) FULL NAMI	Anna	Stass		3.	(b) Social Security Nu	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		# Unknow	m
Female	White			MEDICAL CERT		
Гешале	MIIITOG		Single	20. DATE OF DEATH September 1	.g18.46,a	5:15.A.M
6.(6) Name of husband	or wife	00 * 0 00 00 00 00 00 00 00 00 00	***************************************	21. I CERTIFY that death occurred on the date above stat		
	*************		c) If alive, give ageyears	June 11, 1945		
7. Birth date of deceased (mo., day, y	, Janua:	ry 4.	1918	and that I last saw he.ralive onSe.p.te.		1946
8. AGE: Years		Days	If less than one day	Immediate cause of death		DURATION
28	7	28	hrs. min.	Pulmonary Tuberci		13
9. Birthplace Baltimore, Maryland (Town, county, and state)		Due to Tubercle Bacilli		Years		
		Due to TUDELCTE Pacilli		*************		
The second second	10. Usual occupation Receptionist				000000000000000000000000000000000000000	
11. industry or busines:				Due 10		000040000000000000000000000000000000000
	Justin S	tass		None		••••••••••••••••••••••••
12. Name	Poland			Diher conditions None		••••••
			(Include pregnancy within 8 months			
14. Maiden name		TTITE !	SOT SINDER	Major findings of operations No operation		
	Poland				Date of op	
1B. intermant A	nna Stass	3		Autopsy results		•••••
Address122	S. Wolfe	St. I	Balto. Md.	PHYSICIAN: Please underline the cause to which de		tistically.
		22. VIOLENCE: If death was due to external causes, fil				
17. Burial Bale thereof Sept. 1941 (Burial, cremation, or removal, Which?)						
Cemetery or cremator	Cemetery or crematory Holy Rosary Cemetery		Where did injury occur?(City or town)	(County) (S	State)	
Location Gern	nan Hill	Rd. B	Balto. Md.	Injured at home, farm, industry, public place (where?)		
			er, Inc.	Means of Injury	Injured 21 work?	
				11- 4	11111	, -
Address 403	D. MOTIE	St.,	Balto. Md.	23. SIGNATURE/Lewast	maffe	rino
19 Sept.	1, 19 46	Ca	el / Webster		MAD, or o	
(Date rec'd by reg	gistrar)		Registrar	Address Mount Wilson, Mc	Date signed	/1/46
			Rec'd 9-4	-46 DA 22-	nichola	,

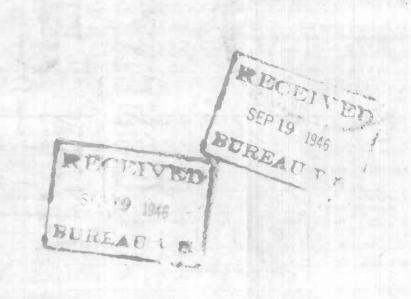


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

48840	
Reg. Dist. No.	42

	11.5.
1. PLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County / Dallimore	(For newborn infants give residence of mother)
	State Maryland County Ballimore
(If outside city or town fimits, write RURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits write RURAL and give negrest fown)
Wospital, institution, or street address where death occurred:	(11 odeside city of town familes write KUKAL and give nearest fown)
3318 Hashington Blod.	Street No. 3318 Washington Blod.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
de la	3. (b) Social Security Number
Trowara union	Marger 216-01-1904
4. Sex 5. Color or race 6.(a)Single, married, Wildowed, or divorced	/ MEDICAL CERTIFICATION
Mal alhite Man in	
made made farita	20. DATE OF DEATH September 10, 1946, 102:55PM
8.(b) Name of husband or wife Edith	21. I CERTIFY that death occurred on the date above stated; that I atjended deceased from
10-11	Joseph 9 1946, 10 left. 10 1846
7. Birlin date of	
deceased (mo., day, yr.) December 21, 1877	and that I last saw have on Aofist 10 1944
8. AGE: Years Months Days If less than one day	Immediate cause of death
o. AGE:	Musico Mystadet 7 hy
68 8 17hrsmin.	
Balling and	0.65 ' 0.06
9. Birthplace	Due to.
(2 2 12 2 1 2 2)	
1D. Usual occupation.	Doe to
11. Industry or business	
12 Name Florige W. Stauffer	Au Carlotte
	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Venrietta Corthwait	(Include pregnancy within 5 months of death)
01-01	Major findings of operations.
≥ 15. Birthplace	Date of op.
18. Informant Colick & Stauffer	Autopsy results.
and a di de- all	PHYStCIAN: Please underline the cause to which desth should be charged statistically.
Address 33/8 Washington Blvd.	
17 Burial Date thereof Scot 13, 1940	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal. Which)	Accident, suicide, or homicide
Cemetery or crematory Jouden Gark	Where did injury occur?
Commercial of Clematory	(City or town) (County) (State)
Location Dallimore Maryland	injured at home, farm, indostry, public place (where?)
General laboure	Means of tnjury Injured at work?
18. Funeral director	1//
Address 2101 Frederick areuse	18/2 - h D.
0111 111 11 11 11	23. SIGNATURE
19 Seff 19 19 Kerfiels	M. D. or other
19. (Dst. rec'd by registrar) Begistrar	Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 106-8

()8844 P Reg. Dist. No....

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother)											
	Balto.			State Md. county Balto.											
City of lown. Relay. (If outside city or town timits, write RURAL and give nearest town) How long in above place of death?				City or town Relay (If outside city or town limits, write RURAL and give nearest town) Street No. 5119 Rolling Rd.											
												(If rural, give LOCATION)			
									r Instilution?	***************************************	***************************************	2.(a) If veteran, name war	***************************************		
3. (a) FULL NAM	E	1	FREDERICK WILLIAM	TEGELER, JR.	3. (b) Social Security	Number									
4. Ses	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION										
MALE	WHITE		MARRIED	20. DATE DF DEATH Sept. 7,		11:00P. M									
			eler (nee Muhly)	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from \$20.00 pt 2 pt											
7. Birth date of) If alive, give ageyears	and that I last saw h. Le alive on Se	ph 6	19.46									
deceased (mo., day,)	The state of the s	. 14,		Immediate cause of death A Cute Co	ardin Full	A-C DURATION									
8. AGE: Years		Days	If less than one day		***************************************	Immodiato									
54	5	23		-		***									
9. BirthplaceBa			tate)	Due 1a Embhysem	<u>~</u>	years									
10. Usual occupation	20 14		Treasurer	Due to Branchizetus	12 - 21	Means -									
11. Industry or busines			Lumber Co.												
12. Name. From 13. Birthplace	ederick wm Germa		ler, Sr.	Other conditions											
H	Aumista	M. Schr	nidt	(Include pregnancy within 3 months of death)											
14. Malden name.				Major findings of operations.		80 - 8 5 5 5 5 5 5 5 5 5 5 5 5									
		adelph		Bate of op.											
16. informantM	rs. Freder	ick Wm.	Tegeler, Jr.	Autopsy results		2 H									
Address	5119 Rolli:	ng Rd.		PHYSICIAN: Please underline the cause to whi		a scattsucany.									
Bu Bu	rial	Data there	of 9/11/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:											
(Burial, cremation	rial, or removal, Which?)			Accident, suicide, or homicide											
Cemetery or cremato	Greenm	ount Ce	9m.	Where did injury occur?(City or town)	(County)	(State)									
Location	Balto.	Md.	***************************************	Injured at home, farm, industry, public place (whe		*************************									
			& SONS	Meaos of injury	Injured at work?										
				0000)	17									
Address	Balto.,	PEL .	. 1 1	23. SIGNATURE Kaules J.	our asell.	/u-/.									
19		d	W deduck	Address 9 10 W. Lombard		9 \$ et 4.46									

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 460

08845

Reg. Dist. No...

R. TEACE OF DE.	altimore		***************************************	(For newborn infants give residence of mother)		
I A				State Maryland County		
How long in above place	of death?	3 Days	URAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or			Howard, Maryland	Street No. 2749 Mosher Street		
				2.(a) If veteran, name warSAW		
3. (a) FULL NAM		J 17 CH 4. 13. 11.			***************************************	
J. (a) FOLL HAM		N TEVES		3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	M	arried	20. DATE OF DEATH. September 17. 1946		
6.(b) Name of husband 7. Birth date of deceased (mo., day,)		Bertha	Teves	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 5.9 1946 that I last saw him alive on September 17.9 1946		
8. AGE: Years		Days	If less than one day	Adenocarcinoma, primary in recto-	1	
66	1	3		sigmoid junction with metastasis to		
10. Usual occupation 11. Industry or busines 12. NameHell 13. Birthplace 14. Malden name 15. Birthplace	Unemploys s ry L. Tev Germany Lena Schr ?	es es appinge	er.	Other conditions (Include pregnancy within 3 months of death) Major findings of operations Abdominal perineal res rectum with colostomy. Date of op. 8-	15-46	
16. Informant		cords, . Howar	Vets. Adm. Hosp. d, Md.	Autopsy results		
17Buria (Burial, cremation Cemetery or cremate Location	Baltimo	e Cemet	ol Sept. 28,1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
	101 Edmon		ker e., Baltimore, Md	Means of Injury Injured at work? 23. SIGNATURE R. M. CULLISON, M.D. CLILM. DE Address V. A. Ft. Howard, Md. Date signed	TRECTOR	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rev. Dist. No. 8843

	Nog. Diat. No
1. PLACE OF DEATH: County Balto.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town (if outside city or town limits, write RURAL and give nearest towo)	State Md County Balto
(If outside city or town limits, write RURAL and give nearest towo)	(If outside city or town limits, write RURAL and give nearest town)
Rospital, Institution, or street address where death occurred:	la na l'i
19 Madalize Ave	Street No. 19 19 a d a 12 e Av 2 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, oame war
3. (a) FULL NAME	3. (b) Social Security Number
William Thomas	214-18-1174
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH SEPT, 20 +4 18 46 21 9 55 PM
6.(b) Name of husband or wife Margaret Thomas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Van. 23rd 1868	and that I last sew partialize on 19 20
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
86 7 28hrs. min.	to un the second of the second
Granday.	and the second
9. Birthplace (Town, county, and state)	Due to Lecener 18 42
10. Usual occupation Letired beatteeper	Que to.
11. Industry or business	regulation 3 makes
12. Name.	Other conditions priseffice
13. Birthplace	
H 14. Malden name	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
16. Informant M. r. S. W. Thomas	Autopsy results
Address 19 Madaline Ave Balto. 6 M	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. 13 will call (Burial, cremation, or removal, Which?) Date thereof 9 2 4 9 6 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Oat Lawn	Where did injury occur?
Location Balto Co. Md	Injured at home, farm, industry, public place (where?)
18. Funeral director Lassalus Funes 1 Home	Means of Injury Injured et work?
Address 7401 Belair Rd.	My Menson
19 lebt 21 1941 ms QL Respondy	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Iddagood Warrella and 9/21/96

VS A15

PLEASE



TAT ASSESSMENT AND THE TAKES

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92%)

CERTIFICATE OF DEATH

08847

Reg. Dist. No...

1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County		
How long In above place	e of death?2.	Days	•••••	City or town Baltimore (If outside city or town limits,	write RURAL and give near	rest town)
Hospital, Institution, o	or street address wher	e death occurred	d:	Street No. 121 W. Franklin	St.	لر
			ard, Maryland	(If rural, give I		
	or institution?2	Days	***************************************	2.(a) It veteran, name war	······································	
3. (a) FULL NAM	1E				3. (b) Social Security 1	Number
	. FRI	EDERICK	W. TREUDE			
4. Sex	5. Color or race	6.(a)Singl	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	white		Single	20. DATE OF DEATH September 4,	19.46	15:20 P
	d or wifeSing	rle		21. I CERTIFY that death occurred on the date abov	e stated; that f attended decea	sed from
				September 2, 194		
7. Birth date of			(c) It alive, give ageyears	and that I tast saw himalive on Sept		19.46
deceased (mo., day,				Immediate cause of death HEART DI	SEASE	DURATION
8. AGE: Yea	and the second	Days	It less than one day	RHEUMATITC WITH MITTER	AL STEMOSIS	
5	8 8	24	hrsmln.			Unknown
R. BirtholaceF	hiladelphi	a Pa	state)	Due to	***************************************	***************************************

1D. Usual occupation.	Unknown			Due to	••••••••••••••	
11. Industry or busine						
当 12. Name	Inknown			Dther conditions		
13. Birthplace	N.			(Include pregnancy within 3 m		
14. Maiden name	Unknown					
TO TA. Masuell laure	11			Major findings of operations		
				D1 1	Date of op	CHINDTP
16. Informant Gli		ords, Vo	ets. Adm. Hosp. Md.	Antopsy resultsRheumatic val. PHYSICIAN: Please underline the cause to whi		statistically.
				22. VIOLENCE: It death was due to external caus		
(Burial, cremation	on, or removal. Which	Date then	reof 9- 10-46 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crema			Nat'l Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location	Philade			tnjured at home, farm, Industry, public place (wh		
		mana 7	Vome Tare	Meens of Injury	injured at work?	
18. Funeral director.			Home Inc.	R.S. IM	(0,00.	
Address	4044 1	ork nd.	, Balto., Md.	23. SIGNATURE ROBERT M. CULL	ISON, M.D. CLI	N.DIR.
9/6/	146 19	(3. W. Jeelich			
(Date rec'd by	registrar)		Registrar	Address Fort Howard, Many	Date signed	9/5/46

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

				rles St., Baltimore 13-0		000	4.75
			CERTIFICA	TE OF DEATH	1	Reg. Dist. No	31
How long in above place Nospital, institution, or	ood bayonutside city or town I of death?street addross where	death occurred:	and give nearest town)	Street No. 6731 Wi	county	Balto. RURAL and give no	
How long in hospital or	Institution?		***************************************	2.(a) If veteran, name war	***************************************		**************
3. (a) FULL NAME		HN C. UHI	ER) Social Security 215-03-749	
4. Sex Male	5. Color or race White	6.(a)Single, marri	od, widowed, or divorced	MEDIO	CAL CERTIE		at 1 : 45p.
7. Sirth date of docoasod (mo., day, y 8. AGE: Yoars 71 9. Birthplace	Months 8 Baltimore (Fown,	Jan . 19, 1 Days If I 9 Coa, Mda	yo, give age	and thet I last saw hallye on Immediate cause of death	lft 2	7 with read 4	19 4. 19 4. OURATION
11. Industry or business 12. Name	John H. Baltimo Enma F	ne Co. ma		Other conditions	within 3 months o	f death)	
	Henry U	hler	29	Autopsy results	ause to which deat	h should be charged	
17	Oak Carroll WM. J. T			22. VIOLENCE: If death was due to a Accident, suicide, or homicide	or town)	(Coonty)	(State)

Reed 1.5.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Balto	(For newborn infants give residence of mother)
City or town	State Manyland County Dolling
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street_address where death occurred:	7608 Ponlar OWE
7603 Poples ane.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Helen Lucinda Walsh	
4. Sex 5. Color or race 6.(a) Single-merried, widowed, or divorces	MEDICAL CERTIFICATION
t a postowed	20. DATE OF DEATH Supot 30 19.46, 81. 3 P. 1
8 (b) Name of bushand or wife John J. Walsh	21. I CERTIFY that death occurred on the dale shove stated; that I attended deceased from
	July 1944 10 Dept 50 1946
7. Birth date of 8-30-1860	and that Mast saw har allye on Supt 3 0 19 46
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Pulmonary olderna
86 1 1 min.	
9. Birtholace Carroll County	Que la Cardiac Failure
(Town, county, and state)	900
10. Usual occupation Amil curfe	Due to.
11. Industry or business If me would	PUC 14
12. Name Orich. n. Hover	Dither condillons
13. Birtholace Parroll County	
B	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
El 15. Birthplace	
16. Informant Drother	Autopsy results
Address Westmenster Country,	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(ablales Ces	22. VIOLENCE: If death was due to external causes, till in the following;
(Boria) cremation, or responsal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Complex or crematory Wesley Conneller	Where did injury occur?
3 1/ / - 1	Injured at home, farm, industry, public place (where?)
Location Man John John John John John John John Joh	Means of Injury Injury Injured at work?
18. Funeral director	incens of injury
Address / wishiniste min	ma Jacobs mp
. Oct. 1 . 4/2 O. G. Connelly	23. SIGNATURE M. D. or other
15. And the second seco	17 hostin By 104 104 9/30/46

The Est of States BURER 19-401 - 1427 The British Like MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

08850

CERTIFICATE OF DEATH

Reg. Diat. No.

I. PLACE OF DE	TH:			2. USUAL	RESIDENCE (HO	ME) OF	DECEASED:	
Cot	nsville		***************************************		Md.			-Roll timera
THE OF TOWN	The second second second	limits, write R	URAL and give nearest town)	State	Baltimer	Count	!y	
How long in above place				City or town			write RURAL and	give nearest town)
ospital, institution, or	street address where	death occurred	: 315 Edmendsen A	Sireel No	714 N.	Payse	n St.	
lood's Ni	Traing n	ene, or	Ta remenesen V		(If s	rural, give I	OCATION)	
ow long in hospitat or			***************************************	2.(a) If veter	an, name war			
. (a) FULL NAMI	Cera B	elle W	att				3. (b) Social S	ecurity Number
1. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		MEDIO	CAL CE	RTIFICATION	ON
Female	W.	Wid	ew	20. DATE OF E	100	12	<u>/</u> 1	1.
i.(b) Name of husband				21. I CERTIFY	that death occurred on t		slated: that I after	nded deceased from
. Birth date of deceased (mo., day, y			e) If alive, give agoyears	Grid that I last	t saw h. R. A. malive on	1	1 2	1946
B. AGE: Years	Months	Days	If less than one day	Immediata ca	noe of death		Erco	DURATION
85	3	21	hrsmin.		2000	732		2/2
iv. Ospai occupation	lene (Town	, county, and	tate)	Due to				
t. Industry or busines:	nes MeCu	rdv	9				=======================================	0
12. Name U				Other condition	ns		e	
		- T C	F244-9-124-	***************************************	(Include pregnancy	within 3 me	onths of death)	
14. Maiden name	Unkne	a J. S Wn	oveer		s of operations			
M-	s.Blane	he Crs	wley(daughter)		lts.			
to. Informant	l4 N. Pa	*****************			Please underline the c			
Burial (Burial, cremation	or removal. Which	Date there	Sept. 24/46. (month) (day) (year)	Accident, suic	CE: If death was due to e		Date	
Cemetery or cremato	Woodla	WIN	***************************************	Where did inju	ury occur?(City	or town)	(County)	(State)
armen .	llawn, M		A.J.		ne, farm, Industry, public			
18. Funeral director S	Harry	7/ //	itile	Means of Injur	ry /	-	Injured at w	ork?
Address 4101 damendsen ve					/		,	0
40.00	Lamond	sen "	re ()	23. SIGNATUR	Allen	M	fant o	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

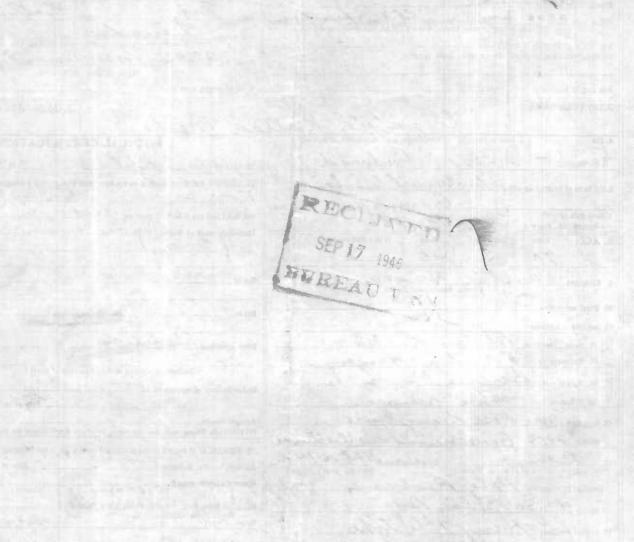
CERTIFICATE OF DEATH

Rog. Dist. No. 42

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. 2305 2 City or town limits, write RURAL and give nearest town	State Ind County Ballimore
(If outside city or town limits, write RUKAL and give nearest town)	(if outside city or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	2205- 30-00 717
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	Cek Cleibe
4. Sex 5. Golor or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Victored	20. DATE OF DEATH Left 13 1946 , 12:00 A M
8.(b) Name of busband or will ate dugust Weeke	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	nov 30, 1945 10 Sept 12 1946
7 Right date of	and that I last saw h. E. K. give on Sept 12 1946
deceased (mo., day, yr.) R AGE: Years Months Days If less than one day	Immediate cause of death the time Carcuma DURATION
2 2	11 Ovar
90 3 26mia.	
8. Birthplace. Austria Turng army (Town, county, and state)	Due to
10. Usual occupation	
11. Industry or business	Due to
HI Stall K. O.D.	Denielile
12 Hame Austria Hurans	Dther conditions Denily
	(Include pregnancy within 3 months of death)
14. Maiden name Barbara Person	Major findings of operations.
15. Birthplace dustria Kungany	
16. informant Ama Parl Kunzelman	Autopsy results
Address 29/9 Bauernwood and (Baltingon)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1.1.4 11 1041	22. VIOLENCE: 1t death was due to external causes, fill to the following;
(Burial, eremation, or removal. Which?) Bate thereof	Accident, suicide, or homicide
Cemetery or crematory. Haly Redeesse,	Where did injury occur?
Location 4330 Belais Ad	Injured at home, farm, industry, public place (where?)
1/2 1/1/1	Means of injury injured at work?
Address 4101 Edinordsigs are	23 SIGNATURE CAREPROSTICING
10 Sept 14 10 46 Merkieffer	23. SIGNATURE M. D. or other
(Dato rec'd by registrar) Registrar	Address 3 M N Lombard FV Bale signed 9/14/46

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (934) CERTIFICATE OF DEATH

arged statistically.

..... Date signed.

DURATION

	Aeg. Diat. 140
1. PLACE OF DEATH: Balto-	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County Bours
low long in above place of death? 35 3	City or town

est town)

How long in above place of death? Hospital, institution, or street address whose death occurred: How long in hospital or institution?	Street No
3 (a) FULL NAME	NEIK 3. (b) Social Security Number
Female White married.	MEDICAL CERTIFICATION 20. DATE OF DEATH Sept. 6 1946 19 12
6.(b) Name of husband or wife. Francis J. Weih 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Feb 12, 1899	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days It less than one day 4. L. L. Months Days It less than one day 9. 6irthplace Mess Months Days It less than one day (Town could, and state)	Cosonary Occlesion Due to
10. Usual occupation	Due aches Vascula disease Diher conditions sudde death
12. Name William Schaefflin 13. 6irthplace Baltimore, ma 14. Maiden name Jacabena Jacabena 15. 8irthplace unhoun	(Include pregnanc) within 8 months of death) Major findings af operations. Date of op.
16. Interment Mr. Francis J. Weik. Address /9/0 Swyn Ock au.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistical
17. Burial, cremation, or removal, Which?) Date thereot. 9/9/1/6 (month) (my) (year) Cemetery or crematory. 2000.	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Location Batto-Co-	Injured at home, farm, industry, public place (where?)

usfelling Registrar

VS A15

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1				32
-	Reg.	Dist.	No.	33

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Bel to				State Md. County Balto.		
City or town. OW1	ngs Mill	S	URAL and give nearest town)			
How long in above place			UKAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)	******	
Hospital, Institution, or	street address where	death occurred	:	Street No. 24 Ritters Lane		
Josephan, mannan, or				Street No. (If rural, give LOCATION)	000000	
How long in hospital o	r Institution?			2.(a) If voteran, name war.		
3. (a) FULL NAM				3. (b) Social Security Number		
0. (0) 1 0 11 11111		rles E	dward Whitcom			
4. Sex	5. Color or race	8.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Vhite	Ma	arried	20. DATE OF DEATH. Sept. 13 1946 at	A	
			comb	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	46	
7. Birth date of			e) If allve, give ageyeard	and that I last saw him on Sept 3 19.45	166	
deceased (mo., day,	yr.) July	12,189	38	Immediate cause of death		
8. AGE: Year		Days	If less than one day	angina Pectario In	fan	
48	2	1				
9. pirtnplace	alto.Co.	a, county, and s	r Baltimore	Due to		
11 Industry or busines	Trans	sit Co.		Due to		
El 12 Nama Ri	chard Wh	nitcom	0	Other conditions		
13. Birthplace	Balto.	.Co.				
				(Include pregnancy within 3 months of death)		
14. Maiden name.	Clara	v.Ensc	or	Major findings of operations.		
M 15. Birthplaca	Md.			Date of op.	000000000	
C	race Whi	tcomb		Autopsy results		
10. Illioiniant				PHYSICIAN: Please underline the cause to which death should be charged statistically.		
7.000	ings Mil			22. VIOLENCE: If death was due to external causes, fill in the following;		
Buria (Eurial, cremation	.1	Date there	Sept. 16, 1946 (month) (day) (year)	Accideet, suicide, or homicide		
(Burial, eremation	or removal, Which	1?)	(month) (day) (year)	Miles did la la come and a la come		
Cemelery or cremat	ory St.Th	TOMES	***************************************	Where did injury occur? (City or town) (County) (State)		
Location	Balto.Co.			Injured at home, farm, Industry, public place (where?)		
18. Funeral director	T TO TO 1	ine &		Means of Injury Injured at work?	0	
	••••••••			Tues	de	
Address	leisters	LOWII, MI	0 -	23. SIGNATURE & D. Eagles, J. S. Exe	am	
19. S.e. D	6 19 46		Ary B. F. L. M. Registra	D + to B	-46	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15

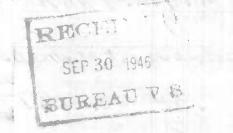
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0885438 Reg. Dist. No. 38

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
PARKVILLE MD	State County 54470
(If outside city or town limits, write RURAL NEAR and give town) Street eddress, hospital, or institution:	City or town Ward No. (If outside city or town limits, write RUBAL NEAR and give town)
2911 ay lor Re	Street No. 2 911 Tay lov And
Stay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
f w moon	MEDICAL CERTIFICATION 2D. DATE OF DEATH 9-26 - 1946, at 3 PM
8 (b) Name of husband or wife Ct ug ust M. WILOBERGE	27. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	net 19 \$0, 10 Sep. 26 19 \$16.
7. Birth date of deceased (mo., day, yr.) 148 23 1877	end that I last saw h = elive on 2 = 4 8 FM - 9/269/46
8. AGE: Years Months Days It less than one day	Immediate cause of death MILEST OF MILESTON
69 8 3hremin.	140 00 4110 5
9. Birthplace - KIN 45 M (Town, county, and state)	Due to Tuberchosis simoner
1D. Usual occupation 40 USE Wife.	Due to DIABETES
11. Industry or business	
12. Name 4 VERHARTMIRSING 13. Birthplace 6 = 8 MA NV-	Other conditions
E	(Include pregnancy within 8 months of death) Major findings: PHYSICIAN
14. Maiden name - 1991 Angles	Major findings: Ot operations Please underlim
15. Birthplace / 1950// E m d	the cause to whice death should be
16. Intermant LRENE WILD PPY	Ot autopsy charged statistically.
Address 2911. 10900 64	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. Burial, cremation, or removel. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. John Sulhuan	Where did Injury occur? (City or town) (County) (State)
Location Dalto Go. Md.	Injured at home, tarm, industry, public place (where?)
18. Funeral director as a salar stimular for	Means of Injury Injured at work?
Address 7401 Bolain, Osl.	Mist of a MA
9/18 11 0.708	23. SIGNATURE M.D. or other
19. Pate rec'd hy registrar) Registrar	Address 32/ Deallach Date signed 9/26/4



2411 N. Charles St., Baltimore 83-4

08855

CERTIFICAT	TE OF DEATH Reg. Dist. No. 32
1. PLACE OF DEATH: County Baltimore City or town Mount Wilson (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Oyrs., Omos., 3 days Hospital, institution, or street address where death occurred: Mt.Wilson Branch, Md. Tuberculosis Sanatorium How long in hospital or institution? Oyrs., Omos., 3 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore Co. City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(d) It veteran, name war.
Edward E. Williams	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male Colored Widower	MEDICAL CERTIFICATION 20. DATE OF DEATH. September 1 19.46 210:20 P.
6.(6) Name of husband or wife Emma Newman Williams 6.(c) If alive, give age 70 years 7. Birth date of deceased (mo., day, yr.) Unknown (Approx.age) 8. AGE: Years Months Days It less than one day 70 Unknownhrsmin. 9. Birthplace Haperstown Maryland (Town, county, and state) 10. Usual occupation Cleaner	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 30., 1946. to Septem 1, 19.46. and that I last saw h. im. alive on September 1, 19.46. Immediate cause of death DURATION Cerebral Embolus 3. days Due to.
11. Industry or business 12. Name	Other conditions
Location 1206 Etting Ave., Balto., Md. 18. Funeral director George T.A. Gibson, Sr.	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work?
Address 1735 Druid Hill Ave., Balto., Md. 19. Sept. 1. 19. 46 Cal 7 Webster (Date ree'd by registrar) Registrar	23. SIGNATURE Stewart Shaffer in B. D. or other Address Mount Wilson, Md. Bate signed 9/1/46

22

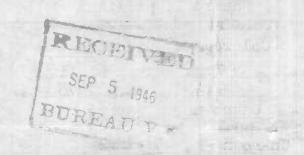
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Reed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

08856

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Baltimore
City or town	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address whate death occurred:	Street No. Church dave
Hard Law College Inchinery	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Pancy Belle	Wilson 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
T. W. Widowed	20. DATE OF DEATH. Sept. 13 1946 at 2 1.
6.(b) Name of husband or wife The Cwilson	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
7. Birth date of	end that I last saw h
deceased (mo., day, yr.) Oct. 9 1865	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Coronary I hromby lase
80 11 4hrsmln.	
9. Birthplace	Due to Draff to and stale 2
10. Usual occupation	Due to.
11. Industry or business	
12. Name doveless marlin I 13. Birthplace Canall Co. Ned.	Other conditions
∑ 13. Birthplace Carell Co. ned.	(Include pregnancy within 3 months of death)
14. Maiden name.	
14. Malden name	Major findings of operations.
and 1110	Date of op.
16. Informant	Antopsy results
Address Sancas Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Pine Grove Climele	Where did injury occur?
Ray la Ole Balta Cand	tnjured at home, farm, Industry, public place (where?)
Location Control of Co	Meens of Injury Injured at work?
18. Funeral director	1111 12 1
Address Sparkes and.	23. SIGNATURE SEPTEMBER O. GIBBERTH. D
9-13 46 Miner C. Misor	M. D. or other
19	Address Coloney Small Man Date signed 9/13/4

SELL 1946 BUREAU V.B.

registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (950)

08857

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CERTIFICATE OF DEATH

			CERTIFICA	IE OF DEATH Reg. Dist. No	************************
City or town(If our How long in above place of Mospital, institution, or s Spring Gr. How long in hospital or 3. (a) FULL NAME	Baltim Catons teide city or town I death? 9 treet address where ove State institution? 9 d	ville imits, write it days death occurre Hospi ays	man	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give Street No. 1419 W. Lexington St. (If rural, give LOCATION) 2.(g) If veteran, name war.	nearest town)
4. Sex male	5. Color or race White		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH September 26 19 49	5 . 0 n
7. Birth date of	Conton	გ.(eyyears	21. I CERTIFY that death occurred on the date above stated; that I attended d	eceased from
deceased (mo., day, yr. 8. AGE: Years 48	Months	Days 19	tf less than one day	Immediate cause of death Acute myocarditis	3-4 day
10. Usual occupation 11. Industry or business	guard Bethleh Henry Wo	am Fai	lend state) rfield	Due to Chronic alcoholism Due to Due to Dither conditions	
	Germany Rose Dau Germany	ber		(Include pregnancy within 3 months of death) Major findings of operations	
18. InformantH	or removal. Which? How Construction	e 28,]	eof (month) (dry) (yenr)	Autopsy results	(State)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

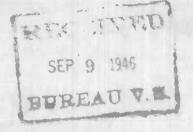


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CERTIFICATE OF DEATH

	UO	O	C	X	
Reg.	Dint.	No.			

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore Catonsville		State Maryland County Baltimore		
City or fown Catonsville (If outside city or town limits, write How long in above place of death? 1 year, 7 flospital, institution, or street address where death occur Spring Grove State How long in hospital or institution? 1 year, 7	RURAL and give nearest town) months, 24 days red: Hospital	City or town Dundalk 22 (If outside city or town limits, write RURAL and give nea Street No. 2702 W. Woodville Rd. (If rural, give LOCATION) 2.(a) If veteran, name war.	rest town)	
3. (a) FULL NAME		3. (b) Social Security 1	Vumber	
Paul Wrigh	t	S. (b) Section Section, 1	Tamber	
4. Sex 5. Color or race B.(a) Sin	gle, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white	separated	20. DATE OF DEATH September 5 19 46	at 6 p. N	
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8. AGE: Years Months Days 35 6. 25	If less than one day	Immediate cause of death Chronic luetic myocarditis	DURATION Indef.	
9. Birthplace Lewisburg, West V (Town, county, and 10. Usual occupation truck driver 11. Industry or business trucking comp 12. Name Joe Osborn Wrig 13. Birthplace Virginia	eany cht	Due to Due to Other conditions (Include pregnancy wittin 3 months of death)	Indef.	
14. Maldon name Nettie Green 15. Birthplace Virginia		Major findings of operations		
13	d. (Catonsville) eport (fronth) (Jest) (year)	Antopsy results	(State)	
19. 9-6 (** or *** 11.5 registrar)	farry of Hiller seefanty Registrar	23. SIGNATURE	9/6/46	



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (R.E.)

CERTIFICATE OF DEATH

1885!! Reg. Diat. No. 38

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1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of r	F DECEASED:		
County BALTIMORE TOWSON (If outside city or town limits, write RURAL and give nearest town)		State North Carolinacounty Catawha Hickory					
					Now long in above place	e ot death?	2 1
Hoppital, institution, o	r street address where t	leath occurred:		Street No. 404 Sixth S	t		
/ SHEPPAE	D AND ENOC	H PRAMI	HOSPITAL	(If rurai, give	LOCATION)	1/	
How tong in hospital o	or institution?	2 1 Y	rs	2.(a) If veteran, came war	.77		
3.(a) FULL NAM Willard,	Mrs. Secil	Young			3. (b) Social Security I	Vumber	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Female	White	Ma	rried	Santamban	D		
		1		20. DATE OF DEATH September			
6.(6) Name of husband	or wife. J.J.	Willar	<u>d</u>	21. I CERTIFY that death occurred on the date abo			
			0.84	19			
7. Birth date of		August	25, 1885 years	and that I last saw halive on			
deceased (mo., day,		Dave	It less than one day	Immediate cause of death		DURATION	
8. AGE: Year 6]	0	12"	brsmin.	carcinoma of blad	der	18 mo.	
8. SirthplaceCO.	rinth, Miss	eounty, and a	tato)	Que to		4	
10. Usual occupation.	Manager 4 f	e		•••••••••••••••••••••••	***************************************	B0000000000000000000000000000000000000	
				Bue to		***************************************	
11. Industry or busine		Van	Ng.	Other conditions Involutiona	1 melencholis	30 mo.	
12. Hame		ai.Q.U.I		Other conditions	A	.X.X	
	Miss.			(Include pregnancy within 3 r	months of death)		
14. Malden name	Mary J	ane H	enry	Major findings of operationsCarci		. r	
15 Rirthniace	1	Wiss		Major findings of operations. Date of op. July 1945			
- 1 13. Bit in piece	HOSPITA	AT. REC	PDS				
16. Informant	الم من الله من الله المن المن الله الله الله الله الله الله الله الل		ا المام الميام المام الميام المام الميام المام الميام المام المام الميام المام	Autopsy results	hich death should be charged	atatistically.	
Address				22. VIOLENCE: If death was due to external cau			
17. Removal (Burial, cremation, or removal, Which?) Date thereot. Sept 9-1946 (month) (day) (year)			Sept 9-1946	Accident, suicide, or homicide			
			(month) (day) (year)				
Cemetery or crema	tory Oakwo	00 %		Where did injury occur?(City or town)	(County)	(State)	
Location Hic	ckory , Ca	tawba	Co. N.C.	injured at home, farm, industry, public place (w	here?)		
	Tate.	emli	4/18	Means of injury	injured at work?		
18. Funerat director			definition of the second		1. 9	. 5.	
Address 22	224 N. Cha	rlea	in olar	SIGNATURE N. VV.	Murels	UL	
19 Slow	9 1946 chatrar)	194	Registrar	Harry M. Murdo		or other	

RECEIVED OCT 2 1946 BUREAU V B

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	118	SIG	11	. /	4
, R	deg. Dia	t. No.	17	7	<u>I</u>

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED: (Foynewborn mants give residence of mother)
Oity or town. (If outside city or town limits, write RURAL and give nearest town)	State County County County Star -
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Coger Zanutech	J. (b) Bociat becartly rambet
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH, 9-4-46. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
	21 I CERTIFY that death occurred on the date above stated: that I attended deceased from
B.(b) Name of husband or wife	
7. Birth date of	rs and that I last saw italive on
deceased (mo., day, yr.) /8 9 4	Immediate cause of death
8. AGE: Years Months Days If less than one day	
52 Name of the second min	Carier / touque C &
9. Riethnlace	Due to
9. Birthplace(Town, county, and state)	(weders There Tasis)
1D. Usual occupation.	Due to.
11. industry or business	
12. Nama	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
14. Malden name	major manage of operations. Date of op.
	Antoney recults
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1 1 1.1± 11.11	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal, Whice) Date thereof (month) (day) (year)	Accident, suicide, or homicide
aller Hours	Where did injury occur?
Cemetery or crematory was Balto Fee-Ma	tnjured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director UMIS Jumph missi	man in the contract of the con
Address 14/8 X Eastard ave.	23 SIGNATURE / DD aurs MA
10 tot. 4 1046 John & amely	Wys. Med. Zeam. Golf to Brothery
(Die rec'd by registrar) Registra	Address Date signed Date signed

PLEASE WRITE PLAINLY, WITH UNFALDING INK. Supply every item of information carefully. The correct age MARGIN RESERVED FOR BINDING

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